

Title	Procedure for Unblocking an Occluded Implantable Vascular Access Device
Version	2.0

Part A	Preparation
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The purpose of this SOP is to ensure safe use and access to a Portacath.

Implanted ports (CVAD) may become occluded for a number of reasons:

- **Kinking due to movement of the port,**
- **Lodging of the distal end of the catheter against the wall of a blood vessel/ right atrium**
- **Inadequately or using the incorrect flushing technique**
- **Running infusions too slowly**
- **Precipitation formation due to inadequate flushing between solutions/drugs.**


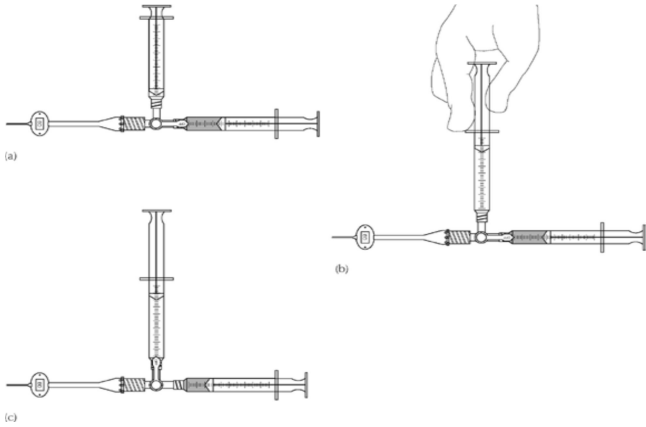
All healthcare professionals involved directly with accessing a Portacath, with appropriate training and completed competencies.

Part A: Preparation

No.	Description of Procedural Steps
1	Prepare equipment and medication required using an aseptic technique. (ANTT or traditional sterile technique) Wash hands. Apply gloves and continue with the procedure using an aseptic technique. Clean needleless injection cap (Bionector) with Sani-Cloth (Chlorhexidine gluconate 2%) in a clockwise and anti-clockwise manner 5 times and allow to dry.
2	Check the patient's identification and medication with 2 trained members of staff (<i>Medicines Management: Policy MM03/MM04</i>)

Part B: Procedure

No.	Description of Procedural Steps
1	If there is pressure within the port attempt to gently instil the 0.9% sodium chloride using a 'to and fro' motion (push-pull) over a few minutes.

No.	Description of Procedural Steps
2	<p>If nothing can be aspirated, attach a three-way tap and to this add an empty 10ml syringe and a 10ml syringe containing 5mls of heparinised saline 10 IU/ml and attempt to unblock the catheter using the negative pressure Technique. (Step 4)</p> 
3	<p>If the cause of the occlusion is likely to be blood-discuss with doctor/senior nurse who may prescribe a fibrinolytic agent, e.g.Urokinase. If blocked due to precipitation- discuss with pharmacy for best antidote. Use negative pressure technique for administration. (step 4)</p> <p>Once prescribed solution is instilled. Leave in place for 2- 4 hours or overnight if possible.</p>
4	<p>(a) Turn tap to close off prefilled syringe and open it to empty syringe. (b) Aspirate on empty syringe, which creates a negative pressure. (c)Turn tap to close off empty syringe and open to prefilled syringe. The medication will automatically be aspirated into the catheter. Repeat as necessary.(Modified from The Royal Marsden Hospital Manual)</p> 
5	<p>Attach an empty syringe to catheter and attempt to aspirate any clots and solution. If blood returns, withdraw at least 10ml and discard.</p>

No.	Description of Procedural Steps
6	Flush catheter with 20ml 0.9% sodium chloride using a pulsatile flush and then flush with 4mls heparin 100units/ml.
7	If catheter remains blocked discuss with medical staff the use of a second instillation of fibrinolytic agent. It may be necessary to surgically remove the port if it cannot be unblocked.

References

Loveday H. P. et al (2013) National Evidence Based Guidelines for preventing Healthcare Associated Infections in NHS Hospitals in England (epic 3)

http://www.his.org.uk/files/3113/8693/4808/epic3_National_EvidenceBased_Guidelines_for_Preventing_HCAI_in_NHSE.pdf

- NHS Improvement High Impact Interventions

https://www.ips.uk.net/files/6115/0944/9537/High_Impact_Interventions.pdf

Royal Brompton Clinical guidelines: Care of Children with CF 2020

The Royal Marsden Manual of Clinical Nursing Procedures

<https://www.rmmonline.co.uk>

LRI Children's Hospital Standard Operating Procedure (SOP)

Title: Needling and Flushing Implanted and Central Venous Access Device - Port a Cath UHL

Childrens Nursing Guideline Trust Ref: C157/2016 V: 3 Approved by The Children's Clinical Practice Group: May 2019

UHNM Medicines Management: Policy MM03/MM04

<https://www.gov.uk/government/news/public-information-campaign-focuses-on-handwashing>