

Tunneled Central Line Care for Stem Cell Transplant-CAR T cell Program

Flushing Standards

<p>Large Bore Tunneled CIV <u>Placed Pre-Collection Apheresis</u> <u>Left in place for Autologous Admission</u> (Example: Autologous Patient)</p>	<p>At conclusion of Apheresis: Line locked with 10u/mL Heparin (no more than 50 units each lumen) Dressing Change done in Apheresis.</p>	<p>Patient may be home for 1 week without flushing or dressing change</p>	<p>Patient arrives to BMTC for Labs prior to admission. Heparin dwell drawn off prior to admission lab draw.</p>	<p>NS Dwell in anticipation of admission. *If cannot be admitted due to + respiratory virus, follow same process as at conclusion of Apheresis: Dwell each lumen with heparin, remove smart site caps, and cover with RED dead end caps. Change dressing. * RN will need to get order for Heparin to dwell line prior to patient discharging home Patient return home without flushing/dressing change for up to one week.</p>
<p>Large Bore Tunneled CIV <u>Left in place after Discharge in anticipation of Autologous Tandem #2</u> (Example: Autologous Germ Cell Patient)</p>	<p>Line Locked with NS upon discharge from hospital.</p>	<p>Line Locked with NS upon leaving BMT Clinic if next appointment scheduled with 3 days</p>	<p>Patient arrives to BMTC for Labs prior to admission #2.</p>	<p>NS Dwell in anticipation of admission. *If cannot be admitted due to + respiratory virus, follow same process as at conclusion of Apheresis: Dwell each lumen with heparin, remove smart site caps, and cover with RED dead end caps. Change dressing. * RN will need to get order for Heparin to dwell line prior to patient discharging home Patient return home without flushing/dressing change for up to one week.</p>
<p>Small Bore Tunneled CIV <u>Placed for Outpatient Transplant / IEC Therapy</u> (Example: OP autologous transplant or OP CAR T cell Therapy)</p>	<p>Line Locked with NS upon leaving IR</p>	<p>Line Locked with NS upon leaving BMT Clinic Daily.</p>		
<p>Ports</p>	<p>Flush after each use with 10 ml of NS for every 8 hours. Dwell with 5ml of 10u/mL Heparin prior to de-accessing needle</p>			
<p>PICCs</p>	<p>Flush after each use with 10 ml of NS. Dwell each lumen with 5 ml of 10u/mL Heparin prior to discharge</p>			

*No change to Apheresis line care procedures.
 No Home care will be set up for stem cell patients so no need to instruct them on how to access/flush lines.
 - If there is a delay, adult coordinators will set up line care.
 DS 1-31-2023*

		Peripheral Catheters			Central Catheters		
Type	PIV	Midline	PICC	Temporary Central Line	Tunneled Central Line	Port or IVAD	
Details	Short Peripheral	Midline	Non-tunneled Non-cuffed <i>Peripherally</i> Inserted	Non-tunneled, Non-cuffed, <i>Percutaneously</i> Inserted	Hickman or Broviac Cuffed Small Bore Central Catheter (SBCC)	Implanted Vascular Access Device	
Line Duration	<u>clinical indication</u>	<u>29 days</u>	long-term	≤ 2 weeks	long-term	long-term	
Minimum Flush Volumes (adult) Intermittent Use	3 ml 0.9% NaCl	5 ml 0.9% NaCl	10 ml 0.9% NaCl	10 ml 0.9% NaCl	10 ml 0.9% NaCl	10ml 0.9%NaCl 5 ml (10units/ml) Heparin	
Minimum Flush Frequency for each lumen	24 hours, following medication and PRN	24 hours, following medication and PRN	24 hours, following medication and PRN	24 hours, following medication and PRN	24 hours, following medication and PRN	Unaccessed every 4 weeks Accessed every 24 hours	
Minimum Transparent Dressing Change	Every 7 days (aseptic)	Every 7 days (sterile)	Every 7 days (sterile)	Every 7 days (sterile)	Every 7 days (sterile)	Every 7 days (sterile) with Needle change	
Minimum Gauze Dressing Change	Every 48 hours (aseptic)	Every 48 hours (sterile)	Every 48 hours (sterile)	Every 48 hours (sterile)	Every 48 hours (sterile)	Every 48 hours (sterile) (7 days if insertion site visible)	
Blood Sampling	yes, except blood cultures	yes, except blood cultures	yes	yes	yes	yes	

Mark all dressings with the date and your initials.

Flush using the push pause method to clear the lumen of any medication and/or fibrin.

Stat Locks should be changed with dressing changes or when no longer adhering to skin

Pigtails on Dialysis Catheters should be treated as a non tunneled central venous catheter

10ml syringes (or equivalent barrel size) to verify patency on all central lines and midlines

Flush with 10ml Saline after infusing blood products or drawing blood

Aseptic = clean gloves, sterile dressing

Sterile = Sterile gloves, sterile dressings, sterile field, mask

PORT ONLY **Heparin flush 10units/ml******

(flush ports with saline every 24 hours)



Ervin, Kirsten D

To: Schwering, Dave T

Cc: Skipworth, Elaine M; Mindrebo, Jenna T; Clouse, Laura S; Eagleson, Elyse M; Fish, Stephanie R; Kane, Kathy L +2 others

Tue 1/31/2023 10:35 AM

Line Care for Stem Cell Trans...
25 KB

Dave,

The BMT Clinical Program Quality Committee has put the stamp of approval on the new flushing process standards for the Program. The attached Rubric is what is approved yesterday.

Beginning immediately, Patients who are autologous transplant collections will not longer do home flushes or dressing changes for 1 week, in anticipation they will admit at the end of the week for their autologous transplant.

Apheresis will continue to dwell the lumens with 50 units of heparin, each, and do a dressing change. The process for apheresis flushing/dressing change has not changed.

The Transplant Coordinators are no longer ordering homecare supplies and teaching at Apheresis beginning now. For the patients who were scheduled for homecare services this week, the transplant coordinators are likely canceling.

Thank you for sharing with your staff,

Kirsten Ervin, MSN, RN
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Tue 1/31/2023 12:36 PM

AHC_NURS_Flushing Guideli...
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This is the change we developed this year, and it approved in Clinical Program Quality Meeting on 1/24/23, with Dr. Farag's approval received Friday, January 27, 2023 (per Jenna Mindrebo) since he could not be present at the Quality Meeting.

This is the project I started to tackle in May 2022, when the Nurse Educator on BMTU sent out a new rubric for flushing (Nursing Guidelines attached), and it was noted that most **lines** are now flushed with NS only when a patient is in hospital, or seen in clinic.

Elyse mis-stated in her communication to Homecare that Apheresis was to flush with NS only.

Apheresis still flushed the BMT Collection patients (who keep their **line**) with Heparin 50 units per lumen, so that the patient can forgo further flushing for one week.

Kirsten Ervin, MSN, RN
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