

Declotting Procedure

For Clearing an Obstructed Pump Catheter

Indications

Following unsuccessful attempts to access bolus pathway and catheter patency is impaired.

Supply Checklist

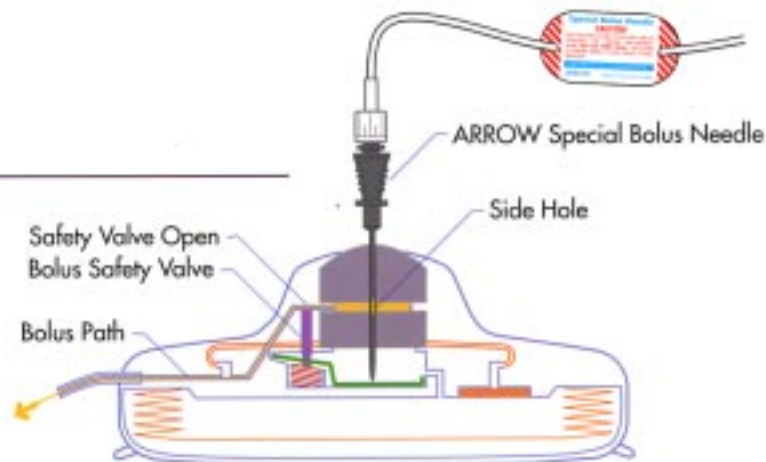
Have the following supplies ready at the site before proceeding further.

- 2 — 10 cc syringes filled with 10 cc of saline
- 1 — 10 cc syringe filled with 5 cc of 100 i.u. heparin
- 1 — 10 cc syringe filled with 2 mg / 2 cc of appropriate thrombolytic agent
- 1 — pair of sterile gloves
- 1 — Arrow Refill Kit AP-07014

Cautions

- Before performing a bolus injection of any drug, review all warnings, precautions, and contraindications on the drug labeling.
- Use only an ARROW SPECIAL BOLUS NEEDLE (AP-04013-5) for performing Declotting Protocol.
- Do not aspirate fluid or draw back fluid from the pump.
- Use only 10 cc or larger syringes and do not inject or infuse at a rate greater than 5 cc per minute. Be very careful not to cause overpressurization, which can cause damage to catheter.

Bolus Injection Correct Needle Placement



Implementation

1. Prepare all syringes with the recommended solutions per above.
2. Using sterile technique, open components of the refill kit to sterile field.
3. Identify septum by placing patient in supine position. Palpate pumps site and locate raised septum.
4. Don sterile gloves. Use 3 iodine swabsticks to prep pump site in circular fashion extending beyond the periphery of the pump. Allow prepped area to dry and place the drape over the pump site.
5. Using one 10 cc syringe of saline, attach to Special Bolus Needle. Remember to flush/prime air out of tubing before attempting to access.
6. Insert Special Bolus Needle into septum at a perpendicular angle. Maintaining positive pressure on the syringe, open clamp on tubing. Attempt to flush catheter. IF ANY RESISTANCE IS MET, DO NOT FORCE, CLAMP TUBING.

WARNING: Do not overpressurize bolus pathway by forcing flush solution into catheter. This can cause catheter damage.

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