




Central Venous Catheter Access

INDICATIONS

- Emergent venous access when patient's life is in imminent danger
- Patient has central venous access device (CVAD) present

DEVICES

 **CAUTION: These devices contain high concentrations of heparin. It must be discarded prior to use.**

- Indwelling Catheter(s) - Venous access devices whose ports are Luer-locked or capped. The tip of the catheter is located in a large vein or superior vena cava. Available brands include Hickman, Broviac, Groshong, Hohn, PICC Line, and Midline.
- Implanted Ports - Single or double (oval) reservoir located under skin on chest or forearm. Access, by inserting a needle through skin into the rubber septum. The catheter tip is located in a large vein or superior vena cava. **Available brands include Port-a-Cath.**
- Aphoresis or Hemodialysis Accesses
 - Indwelling Catheters - Large bore, short length double catheters (may have third tail or lumen). “Arterial” and “venous” lumens are actually side-by-side in subclavian, internal jugular, or femoral vein. **Available brands include Quinton and Perma Cath.**

PROCEDURE: (I or P provider skill only)

- Identify if CVAD is accessible by standard prehospital equipment. (Implanted ports should be accessed by special, noncoring [Huber-type] needles)
- Identify shut-off, clamps, caps, heparin/saline lock, etc., and clamp line if disconnecting or opening
- Access the device after cleansing with betadine prep
- Unclamp and aspirate with a 10 cc syringe until 10 mL blood returns, but site may be functional without return. Discard aspirated fluid .Only use venous access devices that have a blood return unless the patient or family can verify that the device is functional despite the lack of blood return. **(Do not use if blood cannot be withdrawn)**
- Replace clamp
- Attach syringe with **10 cc Normal Saline**, remove clamp, flush lumen or port **(Do not use excessive pressure)**
- Replace the clamp
- Establish the IV connection, make sure IV tubing is free of air
- Remove clamp and begin infusion
- Secure connections with Luer lock or tape
- All subsequent injections should be given with a 10 cc syringe or larger. **(Use caution to not damage the existing tubing.)**