

AMBULATORY TREATMENT UNIT

Phone (616) 394-3547 Fax (616) 394-2139

Declotting of Central Venous Access Device / Catheter Order Set

Indications for Initiation of Treatment: Initiate orders whenever the blood flow / return FIRST BECOMES sluggish, and/or there is no blood return from the central line.

Contraindications: Active internal bleeding, hypersensitivity to alteplase or any other component of the formulation.

□ = Optional Order • = Routine Order (Cross out and initial **BULLETED ORDERS** that do not apply)

ORDERS		
Date: Time:	_	
Patient Name:	Date of Birth:	Weight: (kg)
Allergies:		
Diagnosis Code: (ICD-10):	Diagnosis:	
TREATMENTS & PROCEDURES Initiate orders whenever the blood flow/return central line (except if contraindication(s) listed		no blood return from the
 Instill Heparin 5 mL (100 units/mL), wait 5 minutes. Attempt to aspirate 5 mL from the access device/line. 		
 Repeat instillation of Heparin 5 mL (100 units/mL), if line/blood return remains sluggish and/or no blood return. IF HEPARIN INSTILLATION DOES NOT DECLOT THE LINE: 		
 Instill 2 mL of alteplase 2 mg (Cathflo), then clamp line. 		
 After 30 minutes, attempt to aspirate alteplase. 		
■ If unable to aspirate, allow alteplase to remain in device.		
 May check / aspirate for blood return every 30 minutes, up to 120 minutes. 		
 Repeat instillation of 2 mL of alteplase 2 mg (Cathflo), one time, a minimum of 120 minutes after the first instillation, if necessary to achieve patent device/catheter. 		
 If catheter function is restored, ASPIRATE 4 to 5 mL of blood in patients weighing 10 kg or more to remove cathflo and residual clot. Then gently irrigate the catheter with 0.9% Sodium Chloride. 		
 Excessive pressure should be avoided when cathflo is instilled into the catheter. Such force could cause rupture of the catheter or expulsion of the clot into the circulation. 		
 If desired, may leave instilled dose of alteplants altered and contains altered	3	l line clearly that it should
 Notify physician if unable to restore blood to 	ilow/device function.	
☐ Remove PICC line on:	_ (Date)	
Provider Signature:		Date:
Provider Name and Credentials (please print):		Time:
Office Phone: Office	e Fax:	

