DISCONNECTING A PATIENT WITH A VASCATH FROM A DIALYSIS MACHINE

BOTTOMLINE

- Return the patients blood and instill a heparin/antibiotic lock into the patient’s, vascath lumens as per unit protocol, to help prevent infection and clotting occurring.
- Maintain non-touch and aseptic technique throughout procedure to prevent vascath sepsis.

Equipment:
- Dressing trolley
- Protective gown and face shield or mask
- 1 x dressing pack
- 2 x 3ml syringes
- 2 x 10ml syringes
- 2 x 10ml normal saline ampoules
- 2 x packets of gauze
- 1 x 18g drawing up needle
- 2 x leur lock catheter bungs
- 1 x pair sterile gloves
- 1 x blue sheet
- Betadine solution
- Antibiotic for antibiotic lock (see patients medication chart)
- Heparin 25000 units/5ml

Procedure:
1. Don gown, face shield or mask.
2. Wash hands and prepare sterile field with all equipment and medications required.
3. Place blue sheet under patient’s vascath lumens.
4. Don unsterile gloves.
5. Using the yellow forceps, soak 2-4 pieces of gauze in the Betadine solution.
6. Wrap the Betadine gauze around the arterial and venous ends of the vascath and around each clamp. Leave to soak for a minimum of 3 minutes.
7. Position the trolley to be in close proximity for easy access.
8. Perform 3 minute hand wash with antimicrobial hand wash and don sterile gloves.
9. Prepare saline flushes using the 2 x 10ml syringes.
10. Prepare 2 x 3ml syringes with the antibiotic/heparin lock, according to unit protocol. The amount drawn up for each lumen will depend on the catheter size and length. Note: the volume of the lock is displayed on each lumen.

11. Using a non-touch technique, lift the vascath lumens with one blue forcep and then use the second forcep to remove the betadine soaked gauze from the lumens. Discard the second forcep. Place the sterile towel on the patient’s chest, then place vascath lumens onto the sterile towel and discard the remaining forcep.

12. Using sterile gauze, disconnect and discard the arterial line from the arterial lumen and attach the 10ml saline syringe. Use sterile gauze to unclamp the lumen, hold the 10ml syringe plunger side up (allows air to rise to back of syringe and prevents it being given), draw back slightly to remove air and then flush using turbulent flow. Clamp lumen using sterile gauze, remove and discard 10ml syringe and attach 3ml syringe with appropriate heparin/antibiotic lock.

13. Using a piece of gauze, open the arterial clamp and instill the antibiotic/heparin using ‘positive pressure’.

14. Using sterile gauze, reclamp the arterial lumen. Disconnect and discard the 3ml syringe.

15. Securely attach a leur lock catheter bung to the arterial lumen.

16. Repeat steps 12-15 for the venous lumen.

17. Ensure that another nurse has witnessed that the lumens are clamped and securely capped and document this in the patient’s haemodialysis chart.

18. Complete post dialysis observations. Record same in dialysis notes and on ward charts if patient is an inpatient.

19. Two RN’s must sign for vascath antibiotic/heparin lock on the nurse initiated medication chart, as per hospital policy.