

## Summary sheet for unblocking a small bore catheter by streptokinase instillation in adults

### **Example!**

This is protocol used to unblock a small bore catheter by Streptokinase instillation. Please review and modify this tool for your institution and seek approval for use from your clinical team.

### **Caution!**

Be aware that this procedure may introduce infection into the pleural space. Careful adherence to aseptic technique is essential.

A 3 way tap attached to a small bore catheter controls the flow of air and/or fluid from the pleural space. It can be turned:

- 'off to patient', i.e. 'off to small bore catheter'
- 'off to drain' – under water seal drain (UWSD) or other drainage system
- 'off to bung' in side port.

When the small bore catheter is connected to a drainage system, the preferred position is 'off to bung' in side port. This is to prevent air entering the pleural space should the bung become accidentally disconnected.

### **Safety Tip!**

Dead end bungs are preferred rather than intravenous bungs to avoid accidental connection of intravenous lines to the chest drain system.

## ***Unblocking a small bore catheter by streptokinase instillation in adults***

### **Indications**

- Unblocking a small bore catheter by streptokinase instillation must be ordered in the patient's medication chart by a medical officer and administered by a medical officer or a registered nurse trained in the procedure.

### **Equipment**

- Personal protective equipment - non-sterile gloves and gown, mask and eye protection
- 2 ml syringe.
- Streptokinase 250,000 IU reconstituted in 2 ml 0.9 % saline.
- Dressing pack which provides a sterile field.

Note: The dead space of 12 Fr small bore catheter is approximately 2 ml. If using a larger catheter, check the dead space and ensure sufficient volume of streptokinase is instilled to fill the catheter.

### **Procedure**

- Turn 3 way tap 'off to patient'.
- Disconnect the bung, place on sterile drape and connect syringe loaded with streptokinase 250,000 IU in 2 ml.
- Turn 3 way tap 'off to drain'.
- Instil streptokinase into the occluded catheter slowly.
- Turn 3 way tap 'off to patient'.
- Disconnect syringe and reconnect bung.
- After 2 hours return tap to 'off to bung'.
- Document the procedure and outcome in the patient's medical record and observation/UWSD chart.