

Summary sheet for routine flushing of a small bore catheter in adults to maintain patency



Example!

This protocol is adapted from St George Hospital, Sydney, Australia. Please review and modify this tool for your institution and seek approval for use from your clinical team.



Caution!

Be aware that flushing 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.

Indications for routine flushing via 3 way tap

- To maintain small bore catheter patency when draining pleural effusion or empyema **ONLY**.
- Flushing of a small bore catheter for any other condition is **CONTRAINDICATED**.
- Six hourly flush with 10 ml 0.9 % saline must be ordered on the Medication Chart by a medical officer.
- Flush should be administered by a medical officer or registered nurse trained in the procedure.

Contraindications

- Pneumothorax:
 - Small bore catheter and drainage bottles are to have a label affixed which is clearly marked **'Not to be flushed'**.

Equipment

- Personal protective equipment – non-sterile gloves and gown, mask and eye protection.
- 1 x sterile 20 ml luer lock syringe loaded with 10 ml 0.9 % sodium chloride for irrigation.
- Dressing pack, which provides a sterile field.

Procedure

- Turn 3 way tap 'off to patient'.
- Disconnect the bung, place on sterile drape and connect the 20 ml syringe loaded with 10 ml sodium chloride.
- Turn the 3 way tap 'off to drain'.
- Gently instil the sodium chloride into the small bore catheter, i.e. towards the patient.
- Turn the 3 way tap 'off to patient' and disconnect syringe.
- Replace bung.
- Return tap to 'off to bung'.
- Document the procedure and outcome in the patient's medical record and document the additional 10 ml of sodium chloride on the observation/UWSD chart.