

Summary sheet for unblocking a small bore catheter in adults



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.

Unblocking a small bore catheter by flushing via the 3 way tap

Indications

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

Equipment

- Personal protective equipment - non-sterile gloves and gown, mask and eye protection
- 2 x sterile 50ml luer lock syringes each loaded with 30 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 a 50 ml syringe loaded with 30 ml sodium chloride.
- Turn 3 way tap 'off to drain'.
- Gently aspirate the small bore catheter, then instil the sodium chloride.
- Gently aspirate the sodium chloride from the small bore catheter.
- Turn the 3 way tap 'off to patient' and push the aspirated fluid into the drain.
- Turn the 3 way tap 'off to patient' and disconnect syringe.
- Reconnect bung.
- Return 3 way tap to 'off to bung'.
- Repeat the process with another sodium chloride loaded syringe if indicated.
- Document the procedure and outcome in the patient's medical record and document the additional 30 ml (or more) of sodium chloride on the observation/UWSD chart.