



CLINICAL GUIDELINE

**Central Venous Access Devices:  
Medication and Administration**

<b>Scope (Staff):</b>	Nursing and Medical Staff
<b>Scope (Area):</b>	NICU KEMH, NICU PCH, NETS WA

This document should be read in conjunction with this [DISCLAIMER](#)

### Key Points

- The use of CVAD's for intermittent medications should be approved by the on duty Consultant.
- This procedure is a **2 person** aseptic technique.
- All intermittent drugs are to be flushed post administration to clear Y-port and smart site bung of residual drug.
- A risk assessment is to be performed prior to procedure. If deemed appropriate a sterile dressing pack and gloves may be used for this aseptic technique, [see below](#) or refer to Infection Prevention and Management Manual – [Aseptic Technique](#) for further information.

### Equipment

- Clean blue tray
- 2% chlorhexidine /alcohol swabs
- Extension set/s
- 3-way tap
- Flush solution
- Prepared medication/s

### Procedure

Check patient identification prior to medication administration

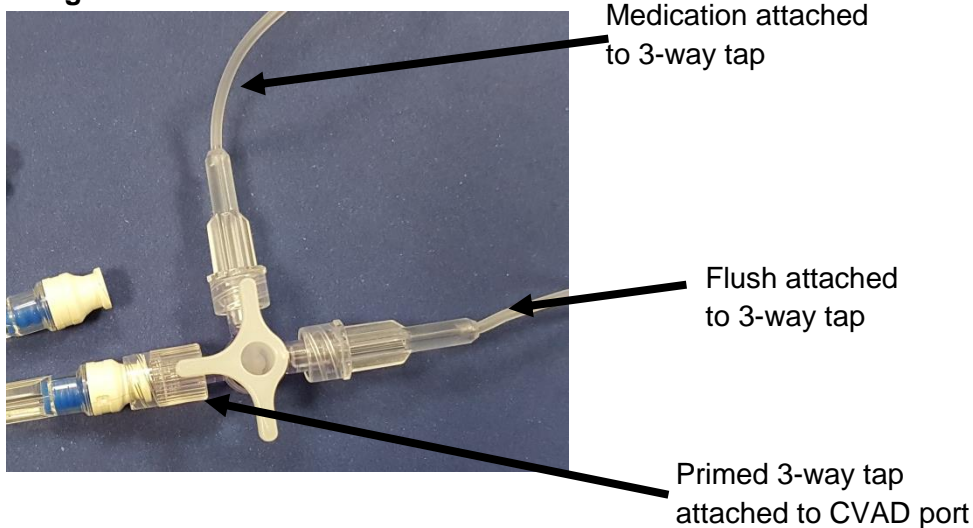
1. Perform hand hygiene
2. Clean blue tray and gather equipment
3. Perform hand hygiene
4. Don gloves
5. Prepare equipment and medication and place in blue tray (protect key parts and maintain sterility of parts)

6. Medication and flush infusion fluid is to be attached to a 3-way tap see [image](#) below.
7. Place syringe into pump
8. If in incubator, open door
9. If access port is not exposed and/or gloves are contaminated, clean hands and re-glove
10. Scrub key part with 2% chlorhexidine/ alcohol swab for 20 seconds and allow to dry for 30 seconds.
11. Attach 3-way tap with medication and flush infusion.
12. Set pump and double check settings
13. Administer infusion
14. Dispose of any sharps and equipment
15. Clean tray
16. Perform hand hygiene

## Documentation

- Sign medication chart.
- Document on observation chart MR489, flush volume and drug infused.


Image 1



### Related CAHS internal policies, procedures and guidelines

CAHS: Infection Prevention and Control – [Aseptic Technique](#)

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## Appendix 1: Risk Assessment

### RISK ASSESSMENT

Although the principle of ANTT® is applied to all invasive procedures the level of practice changes depending on the risk assessment. A risk assessment is required to determine how much the key part or site is at risk from the healthcare worker, the technical challenge of the procedure and the practice environment.

The risk assessment will:

- Identify the key part(s) and key sites.
- Determine the type of aseptic field to use, either General or Critical
- Determine whether a Standard or Surgical aseptic technique is required.

Below summarises the risk assessment and the choice of Surgical or Standard ANTT®.

