

Venous Access Device Flushing

Critical Elements:

- ✓ Use the prefilled 10ml saline flush syringes
- ✓ Technique should be used on peripheral IVs and Central Venous Access Devices (CVADs)
- ✓ Flush ***promptly*** after completion of infusion, IV push medication, or blood sampling
- ✓ BD prefilled 0.9% saline syringes are zero reflux

Dosage and Frequency:

- ✓ Peripheral IVs should be flushed after each use or every 12 hours at a minimum
- ✓ Midlines should be flushed after each use or every 12 hours at a minimum
- ✓ CVADs should be flushed after each use or every 24 hours at a minimum
- ✓ CVADs are flushed with 10-20ml of 0.9% sodium chloride (NS) after every infusion or IV push medication; and 20-30ml of NS after blood sampling or blood transfusion

Need to see it?

View a video showcasing an ***in-depth*** review of flushing by clicking [here](#) or using the camera on your phone to scan this QR code.



View a video showing a ***quick*** review of flushing by clicking [here](#) or using the camera on your phone to scan this QR code.



FLUSHING TECHNIQUE:

A pulsatile flushing technique using a push-pause method involving 10 short 1ml. boluses with short pauses in between.

This technique increases turbulence allowing for more effective catheter clearance of residual infusates or blood.

FLUSHING SEQUENCE:

MGH inpatient areas use the Max-Plus positive pressure fluid displacement needleless connector. These end caps have an internal spring which compresses with syringe attachment. When syringe is disconnected, the spring releases, and a small quantity of flush is released into catheter preventing blood reflux into line.

To facilitate the connector functioning properly, you would perform the pulsatile flush (as described above), disconnect prefilled syringe, and **ONLY** then, clamp catheter if necessary. If you apply clamp before syringe disengagement, the connector's feature of fluid displacement will not occur.