

Guideline for Repair of Tunneled Catheter

PURPOSE

To describe the guidelines for repair of the tunneled catheter.

POLICY

1. The RN trained in central line catheter care may repair a damaged tunneled catheter with a physician's order.
2. Catheter damage increases the risk for catheter fracture and embolization, air emboli, bleeding, catheter-lumen occlusion, and bloodstream infection.
3. Damaged catheters should be repaired (or removed) as soon as possible to prevent serious complications. Consider the risk of infection (how long has the catheter been damaged?) prior to repair of tunneled catheters.
4. As an emergency measure, a catheter may be temporarily repaired by inserting an appropriate sized peripheral IV catheter into the tunneled silastic catheter, removing the stylet and using an appropriate junction securement device. Flush with heparin or 0.9% sodium chloride (USP) as appropriate.
5. If the catheter damage occurs too close to the skin to permit repair, the catheter must be removed and replaced by the physician. The physician should be notified immediately.
6. This is a **sterile procedure**. Sterile gloves and a mask must be used.
7. Use the catheter manufacturer's recommended repair kit and instructions. The catheter repair kit must be the appropriate size.
8. Techniques to reduce the potential for air embolism shall be used. See the applicable CarePro Home Infusion policy.
9. Follow the manufacturer's instructions or specific physician's orders regarding use of the catheter following repair.
10. Ongoing assessment after repair should be routinely performed to confirm the integrity of the repair and identify any continuing problems, as the repaired catheter may not have the same strength as the original catheter.
11. Document the procedure in the patient's medical record.
12. Document the catheter breakage on a Quality Assessment Report (QAR) or record the data in appropriate outcomes database for further evaluation as part of the Performance Improvement process.

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RESPONSIBILITY

The Clinical Specialist has the responsibility for approval of, compliance with, and revisions to this policy.

MODIFICATION/REVISION

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the effective date of this policy.

REFERENCES

1. Infusion Nursing Standards of Practice – Revised 2016; Journal of Infusion Nursing, Supplement to January/February 2016, Volume 39, Number 1S.
2. Infusion Nursing: An Evidence-Based Approach, Third Edition edited by Mary Alexander, Ann Corrigan, Lisa Gorski, Judy Hankins, and Roxanne Perucca.
3. INS (Infusion Nurses Society) Policies and Procedures for Infusion Nursing, 3rd Edition.

