

PVAD Short Flush

Female1: Well, welcome to another segment of the Renee and Wendy show. Today we're going to do a PVAD short flush. What is that, Renee?

Female2: Well, a PVAD short is a type of IV access device and what they mean by short is the cannula that's inside the patient's skin is actually short, like half an inch to perhaps up to one and a half inches.

F1: Okay, and so will we always find this extension on it?

F2: We're supposed to always have an extension on it. It provides an extra level of safety for the nurse when we're changing out our IV lines.

F1: And I know that there's been a lot of controversy about these connectors at the end here. Do we-- is the lock supposed to be on, are the locks supposed to be off or--

F2: Those are really good questions. So this is actually called a neutral displacement valve or a neutral displacement cap. The idea of that is it provides a level of protection or a barrier between the patient and the nurse. If the nurse were to change an IV tubing that would be hooked up to here, if this cap wasn't there, blood could easily flow out of the patient and then potentially expose the nurse to blood which we know isn't a good thing.

F1: So we don't use this clamp at all now?

F2: The manufacturer does say to use this clamp. Again, I think for them it's just an extra level of security to prevent backflow of blood. If the cap is on tight and it's on there well, it should provide protection. But you will read from the

- manufacturers that they also suggest to put the clamp on after if it's not in use.
- F1: Okay, so what are we going to use to flush?
- F2: Well, we're going to use some normal saline and we're going to use-- it has to be sterile, of course. You always want to think about your principles of asepsis. We're going to use an alcohol swab to clean the end of the cap. And we're supposed to clean for 15 to 30 seconds. It's a little bit vague in the literature, actually. And then you have to let that dry 'cause any antiseptic solution isn't effective if it's still wet.
- F1: Okay, so we shouldn't be moving air over it or drying it with another gauze or anything like that.
- F2: Exactly.
- F1: Just let it dry.
- F2: Yeah, you have to be patient. So then you're going to want to-- the nurse should always think about their flushing protocol. So depending on the type of intravenous access device each device has a different volume that you use to flush your gadgets. And so in this case the guidelines say to flush with 2 to 5 mls of normal saline and to use something called turbulent flow. So some people think of that as a power wash and some people think of it as stop and start. And what you're looking for at the site is for any signs of infiltration. So is the site getting swollen, is it leaking, is it causing your patient any pain. And once you have your 2 to 5 mls in, you can just take that off and then you can slide your clamp on.
- F1: So you said that a power wash, so does it matter if you just do one sharp or do-- it's supposed to stop.

F2: It's supposed to stop and start. Yeah.

F1: And how do you determine if you're going to give 2 mls or 5?

F2: It doesn't matter. You should always try to clear out all of the blood that might be in there, though. 'Cause even in this instance we've had a little bit of backflow. There is a risk that that's going to clot and the site will no longer be patent next time we go to check it.

F1: Okay. And then do we have to chart this?

F2: Yeah, we chart it on the MAR.

F1: And how often do we have to do that?

F2: Again, you would go and look at your protocols. In this case it's every 24 hours and PRN. So if you're using the site to administer other medications, but you're not going to have an IV infusing through it, you need to flush it after each of those medications.

F1: Okay, do you flush it before too?

F2: To check patency, yes, and students will learn about that when they do IV meds next semester.

F1: Okay.