

### **Converting an IV to Saline Loc (No Extension Preset)**

Nurse1: Hi, Renee. Today we're going to change a running IV to a saline lock but there's no extension present. Can you show us how to do that?

Nurse 2: Yes. So ideally whenever PVAD shorts are inserted, there should be an extension. It just reduces the risk of exposure to blood and body fluids to the next person that has to change the tubing. So what you need is an extension set. And you have to think that the extension set is filled with air. So you need to get rid of that air before you attach it to the patient.

N1: Because we don't want that to go into the patient, right.

N2: Right, whenever we do our flushes to maintain patency, there should be a needleless cap on the end. So if you happen to get a product that requires a needle to be put in, change it out to something else. You have a saline syringe which is, of course, sterile. I've taken this out of the package. I am confident nothing touched that, so I'm simply going to attach that. I'm going to save this cap because I'm going to use it in a second. And I'm simply just going to fill that. It hardly takes any solution at all.

N1: Okay.

N2: I'm going to keep that here. I'm going to stop my IV. I've already, of course, informed the patient about what we're going to do. I've checked their I.D. So I have my clean gloves on. My point of care risk assessment is that there's a really high chance that there's going to be blood flow out of this site when I disconnect this tubing. So I'm just going to loosen some of these connections just to make sure that I'm absolutely ready to go when I get this unhooked. First thing you

have to unscrew this-- I call it a hub.

N1: Yes.

N2: You call it that too? I'm just going to grab the cannula and loosen that a little bit just to make sure that connection's going to give. I'm going to take my extension set, there's my connection. It is sterile because I haven't contaminated. I'm going to use my middle finger to occlude the vein. Grab the cannula. And I'm going to pull off the old tubing, get the new tubing on.

N1: Making sure that you don't cross thread it, right?

N2: Yes, and making sure that it doesn't get contaminated. Everything's nice and secure. Okay, so now I can go ahead, use my flushing protocol or your directions to tell you what you need to flush. In this case it's a PVAD short so 2-5 mls of turbulent flush. I'm watching the site for signs of infiltration, leaking, pain. I can disconnect. The manufacturer says to put the slide clamp on. You have two levels of security between the patient's blood leaking out and contaminating you. You have a slide clamp and you have a needleless cap. And then you could put a piece of tape on there to keep things secure.

F1: And then you would chart that?

F2: Yes, I'm going to chart it in my MAR. In some agencies you need to notify pharmacy so that the flushing protocol actually shows up as a permanent record on the MAR so that it doesn't get forgotten. Because if it gets forgotten and the site doesn't get flushed as often as it's supposed to then you [can] have an occlusion and [as a result] you have a useless piece of plastic in your patient.