

Community Flushing Protocol

The community protocols below are based on best practice. It is the responsibility of the referral source to specify if another protocol is required and include in the Ontario Health atHome Parenteral Therapy Referral Form, under Flushing and Vascular Access section.

Please Note:

- C&S swab of the IV site will be done with a physician's order and completed lab requisition.
- Protocol references to normal saline (N/S) are for sterile injectable unless otherwise indicated.

Flush/Lock Protocol

	Pre- & Post-Infusion	Maintenance Flush (Inactive Line)	Dressing/Site Care	Pre- & Post-Intermittent TPN
Peripheral	3-5mL Normal Saline (N/S)	3-5 mL N/S Q24H	Change site when clinically indicated or per community nursing agency protocol.	
Midline	10mL N/S	10mL N/S Q24H		
Central Line/PICC	10-20mL N/S	10-20mL N/S Q7days	Initial dressing change within 48 hours after insertion, then q7days & prn.	10-20 mL N/S
Implanted Port	10-20mL N/S	10-20mL N/S every 4 weeks (*)		10-20 mL N/S (*)
Tunnelled Central Venous Access Device (e.g. Hickman)	Flush each lumen weekly and prn with 10mL of 0.9% sodium chloride. If positive/neutral pressure device is used (maxplus), no heparin required. If no positive pressure device then flush is followed by 3mL of 100u/mL Heparin lock flush.			

NOTE: Community Nurses will use their clinical judgement to flush central lines with fluid volumes between 10mL - 20mL considering the type/size of catheter, patient profile and type of infusion therapy.