SUBJECT/TITLE: Heparin Flushes for Central Venous Catheters in the Cancer Center Clinic, Orders for and Documentation of

PURPOSE: To ensure that a physician order is obtained for heparin flushes for central lines and that each heparin flush is documented.
To avoid administering heparin to any patient who is allergic to heparin or has a history of Heparin-Induced Thrombocytopenia (HIT).

DEFINITION:

BACKGROUND:

POLICY:

PROCEDURE:

1. At the time a central line placement is requested, the referring physician will make a notation on the E-1 UIHC Consultation Form if the patient may receive heparin. The referring physician is responsible for reviewing the patient’s history to ensure that heparin is appropriate for the patient. If no notation is made, the RN scheduling the line will ask the physician and add it to the Consultation Form.
   If heparin is contraindicated, the brand of line to be placed (e.g. a catheter that does not require the heparin flush) should be considered or alternatives sought.

2. During the central line placement procedure, the RN will document the heparin flush along with any other medications given. The surgeon will sign the orders for all medications given during the procedure.

3. Patients in the Chemotherapy Suite who are receiving chemotherapy and/or other IV therapies through a central line will have a heparin flush order written by the physician/LIP on A-1a(C) Clinic Medication Orders and Record of Administration. The nurse will document that the heparin flush was administered.

4. Patients having blood drawn from a central line prior to a physician visit or patients coming in for a routine central line flush will be asked the following screening question by an RN with documented competency prior to receiving a heparin flush:
“Have you ever been told that you should not receive heparin or that you are allergic to heparin?”

a) If the patient responds “No”, the patient may receive a heparin flush. The RN will write an order on A-1a(C) Clinic Medication Orders and Record of Administration for “Heparin flush per protocol”, including the heparin flush concentration and volume, depending on the type of central line. The RN will document the administration of the heparin.

If the patient has a clinic appointment, the A-1a(C) Clinic Medication Orders and Record of Administration will be placed in the clinic packet for the MD/LIP to sign the order.

If the patient does not have a clinic appointment on that day, the A-1a(C) Clinic Medication Orders and Record of Administration will be placed in the “verbal order file” to facilitate obtaining the MD/LIP’s signature.

b) If the patient responds “Yes”, the RN will make sure ‘heparin’ is listed as an allergy in IPR. The central line will be flushed with normal saline.

c) If the patient is unsure or if there is any doubt when asking the screening question, the central line will be flushed with normal saline. The RN will not use heparin without contacting the patient’s physician. Blood specimens will be obtained via peripheral venipuncture, if necessary.

5. If a Clinical Cancer Center patient’s central line is accessed in Radiology for a diagnostic test, the patient will be asked the following screening question by an RN, with documented competency, prior to receiving a heparin flush:

“Have you ever been told that you should not receive heparin or that you are allergic to heparin?”

a) If the patient responds “No”, the patient may receive a heparin flush. The RN will write an order on A-1a(C) Clinic Medication Orders and Record of Administration for “Heparin flush per protocol”, including the heparin flush concentration and volume, depending on the type of central line. The RN will document the administration of the heparin.

If the patient has a clinic appointment, the A-1a(C) Clinic Medication Orders and Record of Administration will be given to the patient to take to the clinic visit.

If the patient does not have a clinic appointment on that day, the A-1a(C) Clinic Medication Orders and Record of Administration will be sent to the Nurse Manager in the Cancer Clinic to obtain physician signature.

b) If the patient responds “Yes”, the RN will make sure ‘heparin’ is listed as an allergy in IPR. The central line will be flushed with normal saline.

c) If the patient is unsure or if there is any doubt when asking the screening question, the central line will be flushed with normal saline. The RN will not use heparin without contacting the patient’s physician.
6. RN competency is defined as:
   a) **Initial competency**
      - Review of policy and RN’s role
      - HIT content: incidence, clinical features, role of heparin
      - Importance of LIP order and documentation of all heparin administered
   b) **Annual competency**
      - Review of HIT content: incidence, clinical features, role of heparin
      - Importance of LIP order and documentation of all heparin administered