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**SUBJECT: Drawing blood samples and administering contrast from Central Venous Access Devices (including an implantable port) in the Outpatient Setting**

**PURPOSE:** To establish guidelines for accessing central venous access devices, including implanted ports, when obtaining blood samples and administering contrast to ensure proper care and maintenance of the access devices according to best practice standards.

**POLICY STATEMENTS:** Outpatients presenting to phlebotomy for blood tests or to radiology for imaging must have an order for the testing. The order for the lab test includes the order for venipuncture or accessing a venous access device, including implanted ports to perform the ordered test. The order for imaging with IV contrast includes establishing a peripheral IV or accessing a venous access device, including implanted ports to perform the ordered imaging.

Local anesthesia may be used to provide pain relief during venous access cannulation. The type of local anesthesia administered before catheter insertion may include:

- \_ Transdermal analgesic cream (EMLA)
- \_ Intradermal injection of lidocaine hydrochloride 1% or 2% solution.

All venous access devices must be flushed with at least 10ml of 0.9% sodium Chloride before and after accessing, and all non- valved devices require flushing with heparin to maintain patency of the line. The physician's order for drawing blood samples or administering IV contrast should include the appropriate care and maintenance of line before and after accessing the device, including flushing of the line per protocol. If it cannot be determined if the venous access device is valved, care and maintenance of the line includes heparin flush post procedure to assure patency. An order to implement this protocol will be obtained from the authorized provider who ordered the testing, or from the Radiologist who authorized contrast administration.

**PROCEDURE FOR BLOOD DRAWS OR IMAGING WITH CONTRAST:**

1. Only Vascular Access RNs or RNs and ancillary staff that have been trained to access and de-access implanted ports and other central lines will be allowed to obtain blood samples from or administer contrast through venous access devices, including implanted ports.
2. Patients presenting to the phlebotomy lab with a central venous access device, including implanted ports, will be given the choice of waiting for a vascular access RN to obtain the sample through their venous access device or through a venipuncture by the phlebotomist.
3. The Vascular Access RN or Radiology RN will attempt to determine if the patient's central line or implanted port is valved or non-valved before accessing. If the determination of valved or non-valved can not be made, the port will be flushed per protocol with heparin at the end of the procedure.

4. The Radiology RN will place an order to implement this protocol and route the order via the PRISM order mode “To be co-signed/Triaged” to the appropriate FAHC provider who placed original order.
5. If the imaging order was obtained from a non-FAHC provider, the protocol order will be routed to the Radiologist who approved the contrast.
6. The Vascular Access RN will place an order to implement this protocol and route the order to appropriate FAHC provider who placed original blood work order.
7. If the ordering provider is a non FAHC provider, the Vascular Access RN will utilize Lab Customer Service to validate implementation of this protocol from outside provider. The Laboratory Order Form – Central Venous Access Device Blood Draws will be faxed to the outside provider for an order to implement this protocol. This form will be required to be faxed back to Lab Customer Service. Lab customer service will communicate to the Vascular Access RN when the order is received and ensure the form is scanned into the patient’s medical record
8. The Vascular Access RN will place an order to implement this protocol via the PRISM order mode “Transcribed” and note the provider who authorized the Laboratory Order Form.
9. If Laboratory Customer Service cannot obtain authorization for the care and maintenance of the central venous access device, the patient will be given the choice of having a venipuncture or delaying the blood draw.
10. FAHC policy # NGP0009, Care and maintenance of Central venous access devices will be followed for blood draws from central venous access devices and accessing and de-accessing implanted ports.

## **REFERENCES:**

1. Standards of Practice, 2011 Infusion Nurses Society, Lippincott Williams and Wilkins
2. INS (2010) Infusion Nursing: An Evidence-Based Approach
3. Policies and Procedures for Infusion Nursing 4<sup>th</sup> edition 2011; pps 85-86, 141-143
4. Frey, Ann Marie, RN, BSN, CRNI; *Drawing Blood Samples from Central Venous Access Devices*; Journal of Infusion Nursing Vol. 26, No. 5, Sept/Oct. 2003; pp 285-293

## **RELATED POLICIES:**

<http://web03.fahc.org/xpedio/groups/public/documents/fapolicy/ngp0009.pdf>

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