Key Points

- The use of CVAD's for intermittent medications should be approved by the on duty Consultant.
- This procedure is a 2 person aseptic technique.
- All intermittent drugs are to be flushed post administration to clear Y-port and smart site bung of residual drug.
- A risk assessment is to be performed prior to procedure. If deemed appropriate a sterile dressing pack and gloves may be used for this aseptic technique, see below or refer to Infection Prevention and Management Manual – Aseptic Technique for further information.

Equipment

- Clean blue tray
- 2% chlorhexidine /alcohol swabs
- Extension set/s
- 3-way tap
- Flush solution
- Prepared medication/s

Procedure

Check patient identification prior to medication administration

1. Perform hand hygiene
2. Clean blue tray and gather equipment
3. Perform hand hygiene
4. Don gloves
5. Prepare equipment and medication and place in blue tray (protect key parts and maintain sterility of parts)
6. Medication and flush infusion fluid is to be attached to a 3-way tap see image below.
7. Place syringe into pump
8. If in incubator, open door
9. If access port is not exposed and/or gloves are contaminated, clean hands and re-glove
10. Scrub key part with 2% chlorhexidine/alcohol swab for 20 seconds and allow to dry for 30 seconds.
11. Attach 3-way tap with medication and flush infusion.
12. Set pump and double check settings
13. Administer infusion
14. Dispose of any sharps and equipment
15. Clean tray
16. Perform hand hygiene

**Documentation**
- Sign medication chart.
- Document on observation chart MR489, flush volume and drug infused.

**Image 1**

<table>
<thead>
<tr>
<th>Medication attached to 3-way tap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flush attached to 3-way tap</td>
</tr>
<tr>
<td>Primed 3-way tap attached to CVAD port</td>
</tr>
</tbody>
</table>

**Related WNHS policies, procedures and guidelines**

Infection Prevention Manual – [Aseptic Technique](#)
RISK ASSESSMENT

Although the principle of ANTT® is applied to all invasive procedures the level of practice changes depending on the risk assessment. A risk assessment is required to determine how much the key part or site is at risk from the healthcare worker, the technical challenge of the procedure and the practice environment.

The risk assessment will:

- Identify the key part(s) and key sites.
- Determine the type of aseptic field to use, either General or Critical
- Determine whether a Standard or Surgical aseptic technique is required.

Below summarises the risk assessment and the choice of Surgical or Standard ANTT®.

<table>
<thead>
<tr>
<th>Aseptic field management</th>
<th>Glove choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Non-sterilized gloves</td>
</tr>
<tr>
<td>No</td>
<td>Sterilized gloves</td>
</tr>
</tbody>
</table>

**To maintain asepsis of Key-Parts and Key Sites, does the main aseptic field require Critical Management?**

- General Aseptic Field
- Micro Critical Aseptic Fields (MCAs)
- Non-touch technique (NTT)
- Hand cleaning
- Infection precautions

**Can I perform this procedure without touching Key-Parts or Key Sites directly?**

- Critical Aseptic Field
- Critical Aseptic Field Management
- Surgical hand scrub
- MCAs & NTT desirable
- Infection precautions

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