

**Central Venous Catheters
Catheter Clearance Algorithm
with rTPA (Alteplase)**

Catheter occlusion as assessed by the inability to withdraw at least 3 mL of blood (assess each lumen separately)

Rule out other causes of catheter occlusion prior to treating catheter with rTPA (Alteplase)

Non-Thrombotic Occlusion

Thrombotic Occlusion

Mechanical

Drug Precipitation

Partial Occlusion

Complete Occlusion

Common causes are:

- visible catheter kink
- dressing or sutures too tight
- catheter pinch-off
- catheter tip malposition
- malfunctioning IV connector (change caps and then reassess). Also hand tighten caps to prevent airleaks.

Common causes are:

- Dilantin IV
- Rifampin IV
- Lipids
- Drug incompatibilities
- Inadequate flushing volume
- Inappropriate flushing technique

May be sluggish upon flushing and aspiration

Unable to infuse any solution

Treat with Cathflo Activase

- Obtain physician's order
- Order written as: Cathflo 2mg IV X1 to each occluded port and may repeat X1 after 2 hrs if 1st dose is ineffective.
- If catheter remains occluded after 2 serial doses each lumen, further catheter management strategy should be discussed with physician

Dosing guidelines based on manufacturer recommendations. Does not substitute for individual physician's orders.

Originated by: PICC Program 9/08
 Last Reviewed Date:
 Last Revised Date: