Institut national d'excellence en santé et en services sociaux
Québec

COLLECTIVE PRESCRIPTION

Initiating pharmacological treatment to clear a central venous access device (CVAD) occlusion

No. 888015

Institution:

Validity period:

CLINICAL SITUATION OR TARGET POPULATION

Persons over 28 days of age being treated using one of the following CVADs:

- ► Peripherally inserted central catheter (PICC);
- ► Implantable vascular access device (IVAD)[1];
- ► Short-term, non-tunneled CVAD (jugular, subclavian or femoral);
- ► Tunneled or long-term CVAD[2].

and

experiencing a persistent occlusion, despite the usual checks and an attempt to flush the device with a saline solution, as suggested by the presence of at least one of the following signs:

- ► Slow blood return
- ► No blood return
- ► Resistance to flushing
- ► Inability to flush

HEALTH PROFESSIONALS OR OTHER PERSONS WHO CAN EXECUTE THIS PRESCRIPTION[3]

! *Health care facilities that wish to draft a collective prescription using this template **must specify in this section the health professional(s) or group(s) of health professionals** who can execute this prescription. The instruction in italics (!) must then be deleted from the version that will be made available to the health care personnel.*

CONTRAINDICATIONS TO USING THIS PRESCRIPTION

- ❖ The same contraindications as those listed for the application of Québec provincial medical protocol No. 888015, namely:
  - ► A known hypersensitivity or allergy to alteplase, to any of the product's other ingredients (e.g., L arginine, phosphoric acid or polysorbate 80) or to any component of the container;
  - ► The use of 4 mg of alteplase in the past 24 hours;
  - ► CVAD used in the context of hemodialysis or mid-length catheters;
  - ► The presence of active bleeding;
  - ► A visible precipitate in the CVAD;
  - ► The presence of at least one of the following signs suggestive of a mechanical occlusion:
    - Kinking or clamping of the CVAD
    - Twisted infusion tubing
    - Clogged filter or closed clamp
    - Overly tight sutures
    - Loose tubing connections
    - Displacement of the IVAD access needle

[1] Also called Port-a-Cath®.
[2] Including Hickman®- and Broviac®-type catheters, for example.
[3] The health professional or other authorized person must be sure to have the necessary qualifications to execute this prescription (e.g., training).

- Change in the length of the external portion of the CVAD
- Malpositioned CVAD
- Infiltration, extravasation, edema or a leak at the insertion point
- The patient reports a gurgling or rushing sound in the ear on the CVAD side or pain or an altered sensation during the infusion

► The presence of an infection of the current CVAD, as suggested by at least one of the following signs:

- Fever, chills or general malaise
- Localized signs of inflammation (heat, redness, edema or pain)
- Purulent discharge at the CVAD orifice

► The presence of signs that could suggest a thrombosis:

- Edema or redness in a limb
- Difficulty moving a limb
- Distended external jugular vein
- Change in skin colour in a limb

❖ If more than two lumens of a CVAD are occluded;
❖ Currently pregnant or breastfeeding;
❖ History of bleeding in the past 72 hours;
❖ Organ biopsy or vascular surgery in the past 72 hours;
❖ Neurosurgery, head injury, stroke or transient ischemic attack in the past 48 hours;
❖ Childbirth in the past 48 hours;
❖ Epidural or spinal anesthesia in the past 6 hours.

QUÉBEC PROVINCIAL MEDICAL PROTOCOL

When executing this prescription, refer to Québec provincial medical protocol No. 888015, drafted by the Institut national d'excellence en santé et en services sociaux and published on its website.

LIMITATIONS OR SITUATIONS FOR WHICH A CONSULTATION WITH AN AUTHORIZED PRESCRIBER IS MANDATORY

► The use of the collective prescription for a third time for a given CVAD, regardless of the interval between uses;
► Failure of alteplase treatment, specifically, after two alteplase doses in a patient over 30 kg or after a single alteplase dose in a patient 30 kg or less;
► Bleeding or allergic complications due to the treatment;
► The occurrence of adverse effects during the treatment.

DOCUMENTATION

Complete the community pharmacist liaison form, if applicable. Consult the template available in the section entitled "Medical protocols and related prescriptions" on INESSS's website.

IDENTIFICATION OF RESPONDING AUTHORIZED PRESCRIBER

! *Health care facilities that wish to draft a collective prescription using this template* ***must specify in this section the mechanism of identifying the responding authorized prescriber,*** *who will have to be indicated on the liaison form when individualizing this collective prescription. The instruction in italics (!) must then be deleted from the version that will be made available to the health care personnel.*

IMPLEMENTATION PROCESS

1. DEVELOPMENT OF THE CURRENT VERSION (identification of the authorized prescriber or prescribers concerned and of the persons responsible, if applicable)

2. VALIDATION OF THE CURRENT VERSION (identification of the authorized prescriber or prescribers concerned and of the persons responsible, if applicable)

3. APPROVAL OF THE CURRENT VERSION BY THE REPRESENTATIVE OF THE INSTITUTION'S COUNCIL OF PHYSICIANS, DENTISTS AND PHARMACISTS (CPDP)

Last name: First name:

Signature: Date:

4. APPROVAL OF THE CURRENT VERSION BY THE SIGNING AUTHORIZED PRESCRIBERS (NON-INSTITUTIONAL)

Last and first name	License number	Signature	Telephone	Fax

5. REVIEW

Effective date:

Date of last revision (if applicable):

Scheduled date of next revision:

Signature of responding authorized prescriber (if applicable):

Signature: Date: