



HURON PERTH HEALTHCARE ALLIANCE

MEDICAL DIRECTIVE

Medical Directive	Alteplase (Cathflo®) Administration for Central Line Blockage
Directive #	MD-PICC-002
Approval	Medical Advisory Committee
Date	March 22, 2018
Signature	<i>[Handwritten Signature]</i>
Review/Revision Date	February 28, 2018
Specific to	Peripherally Inserted Central Catheter Team (PICC) Team

Description of Procedure:

Administration of Alteplase (Cathflo®) 2mg (2mL) x 2 doses, as necessary directly into a blocked PICC line.

Authorized To:

- Use of Alteplase to manage a blocked PICC is an advanced competency skill that may only be performed by a physician or a Registered Nurse who has the knowledge, skill and judgment to safely carry out this directive.
- A Registered Nurse (RN) who has successfully completed the BD Central Venous Access Devices on-line certification program.
- The RN is knowledgeable about the indications and contraindications for administration of Alteplase

Specific Patient Conditions:

- Patient 18 years and older
- Inability to infuse intravenous fluids
- Not able to visualize blood return when drawing back

Contraindications:

- Patient with known hypersensitivity or allergy to Alteplase (Cathflo)
- Unconfirmed CVAD placement
- Lack of consent
- Presence of known or suspected infection in the catheter
- Where tampering with CVAD is suspected

**Reasons to seek immediate medical consultation or discontinue procedure/
treatment/intervention:**

- Allergic reaction
 - Suspected infection in the catheter
 - Sudden shortness of breath
 - Onset of chest pain
-
-

Documentation:

Documentation Screen: Troubleshooting CVAD
Focus Note

Implementation of the Medical Directive shall include the name and number of the directive, date, time name, signature and credentials of the implementer and name of the attending physician in the order section of the chart.

Administration of Alteplase (Cathflo®) 2mg (2mL) x 2 doses, as necessary directly into a blocked PICC line

A Medical Directive order that will be scanned to pharmacy and then documented on the Electronic Medication Administration Record (EMAR).

Refusal of any treatment will be documented and in the chart and the healthcare provider will be notified.

Quality Assurance

- In the absence of a Medical Program Director within the Medical Outpatient Procedure clinic, Dr. K. Lefebvre, providing Medical Outpatient oversight will approve the education component of the Medical Directive
 - The RN will have completed an educational component specific to that particular Medical Directive to be eligible to implement the directive
 - The RN will demonstrate competence in the Medical Directive prior to initiating
 - A review will be conducted every two years at a minimum or earlier at the discretion of Dr. K. Lefebvre (in the absence of Medical Outpatient Clinic Care Team) to review the appropriateness of the Medical Directive
-
-

Originator	PICC Team, Nursing Practice
Current Review/Revision	
Responsibility	Dr. K. Lefebvre, HPHA Site Chief
Distribution	HPHA Alliance Wide Medical Directives

Reference(s):

Cathflo[®] (Alteplase) product Monograph.

College of Nurses of Ontario (2011). [Practice guidelines: Directives.](#)

HPHA Policy. [Central Venous Access Device \(CVAD\) - PICC Line Care and Maintenance](#)

HPHA Policy. Central Venous Access Device (CVAD) – Bedside Peripherally Inserted Central Catheter (PICC) Insertion Via Ultrasound and Micro Introducer.

Infusion Nurses Society (2016). [Learning Centre.](#)

Registered Nurses Association of Ontario (2005). [Nursing Best Practice Guideline: Care and Maintenance to Reduce Vascular Access Complications.](#)

Registered Nurses Association of Ontario (2004). [Nursing Best Practice Guideline: Assessment and Device Selection for Vascular Access.](#)

Weinstein, S. M. and Hagle, M. E. (2014). Plumer's Principles & Practice Of Infusion Therapy (9th Ed.). Philadelphia, PA. Lippincott Williams & Wilkins, a Wolters Kluwer business.



HURON PERTH HEALTHCARE ALLIANCE

Physician Approval Form

Medical Directive	Alteplase (Cathflo®) Administration for Central Line Blockage
Directive #	MD-PICC-002

I, the undersigned physician, have:

- Reviewed the directive to fully understand the conditions under which it will be implemented, including knowing how the staff will be educated to provide this care and how they document or make me aware that the directive has been implemented so I can assume care appropriately, and
- Agree to assume the care of patients who have had an intervention performed as authorized by the directive

Name of Physician (please print)

Signature

Date

Note: The above Medical Directive will be reviewed at the HPHA Medical Advisory Committee meeting March 22, 2018. If agreeable, please sign and return this form to Medical Services, Attn: Lori Hartman (Fax 519-271-7137).