

SECTION 8C: VASCULAR ACCESS DEVICES	POLICY: 8C.3
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PURPOSE:

- To provide instruction on the safe and proper administration of CathFlo Activase.

POLICY:

- CathFlo Activase will be administered by a trained registered nurse in accordance with a physician's order, any available / provided pharmacy or manufacturer instructions, and Agency policy.

GENERAL INFORMATION:

- CathFlo Activase, a biosynthetic form of human tissue-type plasminogen activator, is a thrombolytic medication.
- CathFlo Activase is indicated for the restoration of function to central venous access devices as assessed by the ability to withdraw blood.
- Lyophilized Cathflo Activase should be stored at refrigerated temperatures (2°C - 8°C / 36°F - 46°F) and reconstituted immediately before use. The solution may be used within 8 hours if stored at 2°C to 30°C (36°F - 86°F).
- The most common side effect of CathFlo Activase is bleeding. If a patient reports bleeding, they should be advised to contact their physician for medical advice.

SPECIAL CONSIDERATIONS:

- A registered nurse shall remain with patient for the entirety of administration.
- Cathflo Activase shall not be given if the patient has any active bleeding.
- Cathflo Activase shall not be given if there is known or suspected infection in the catheter.
- Dosage
 - ≥30 kg (66 lb) 2 mg in 2 mL
 - <30 kg (66 lb) 110% of the internal lumen of CVAD, not to exceed 2 mg in 2 mL

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SUPPLIES:

- Non-sterile gloves x 1 pair
- Needleless connector for each lumen
- 10mL 0.9% normal saline flushes
- Syringe and needle to reconstitute Cathflo Activase
- 10 ml empty syringe (x2 if Total Occlusion)
- 3-way stopcock if Total Occlusion
- Heparin flush or other lock solution as ordered (e.g. Ethanol)
- Wastepaper bag / bin

PROCEDURE:

1. Obtain and verify physician's orders. If you notice any discrepancies in the orders, contact the Agency before proceeding.
2. Explain procedure and purpose to patient / caregiver.
3. Perform initial [Hand Hygiene](#) and maintain throughout the procedure.
4. Assemble supplies on a clean, dry surface. Ensure all supplies needed to complete the administration from beginning to end are available. If any supplies are missing, notify the Agency immediately, prior to starting the administration process.
5. Assess and record the patient's vital signs to establish a baseline and ensure vital signs are not contraindicative to starting the administration.
6. Visually inspect each vial of medication.
7. Check the expiration dates on each vial to ensure they are within date.
8. Prior to tampering with the medication, **ALWAYS** check the central venous access device for blood return to verify that it still requires the use of Cathflo Activase.

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9. Aseptically withdraw 2.2 mL of Sterile Water for Injection, USP. Do not use Bacteriostatic Water for Injection, USP.
10. Inject the 2.2 mL of Sterile Water for Injection, USP, into the Cathflo Activase vial, directing the diluent stream into the powder. Slight foaming is not unusual; let the vial stand undisturbed to allow large bubbles to dissipate.
11. Mix by gently swirling until the contents are completely dissolved. Complete dissolution should occur within 3 minutes. **DO NOT SHAKE**. The reconstituted preparation results in a colorless to pale yellow transparent solution.

For Partial Occlusion

12. Instill the appropriate dose of Cathflo Activase into the occluded catheter using a 10mL syringe.

For Total Occlusion

13. Along with regular supplies you will need a 3-way stopcock and a 10mL syringe.
14. Remove end cap (Microclave) and attach the luer end of the stopcock to the catheter, making sure the stopcock is in the **OFF** position.
15. Add an empty syringe to one of the ports on the stopcock.
16. Attach the syringe containing Cathflo Activase to the remaining port. Then turn the stopcock to the syringe containing Cathflo Activase to the **OFF** position.
17. Gently aspirate the catheter using the empty syringe until the plunger is pulled back to the 8-9mL mark.
18. Turn the stopcock off to the empty syringe. This will allow the Cathflo Activase to be drawn into the central line. Repeat the negative pressure technique until the entire dose is drawn into the catheter. Depending on the size of the occlusion this may take some time. Be patient in instilling.
19. As Cathflo Activase interfaces with the clot it will dissolve at the point of connection. Each time you repeat negative pressure it will agitate the fluid allowing for new clot surface to contact Cathflo Activase.
20. Never repeat aspiration on the empty syringe as it will aspirate Cathflo Activase out of the catheter.

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21. Once the entire dose of Cathflo Activase has been instilled turn the stopcock off to the patient.

Dwell time and Finishing

22. **After 30 minutes of dwell time**, assess the catheter function by attempting to aspirate blood. If the catheter is functional, go to Step 24; if not functional, go to the next step.

23. Assess catheter function **after a total of 120 minutes** of dwell time by attempting to aspirate blood. If catheter is functional, go to the next step. If catheter is still occluded, a second dose of equal amount may be instilled. Repeat reconstitution and administration steps.

24. If catheter function has been restored, aspirate blood to remove Cathflo Activase and residual clot. Discard aspirate and flush the catheter with 0.9% Sodium Chloride, USP. Any unused solution should be discarded

- 4 to 5 mL of blood in patients ≥ 10 kg
- 3 mL in patients < 10 kg

25. If catheter function is not restored, ie: unable to withdraw the instilled Cathflo Activase. Do **NOT** flush the line. Contact the Agency immediately and skip to Step 28.

26. Draw blood, change needleless connectors, if needed, and flush with normal saline and heparin as ordered.

27. Clean up your workspace and properly discard all waste.

28. Document the procedure and outcome, the patient's response to the procedure, and all lot numbers and expirations dates for vials used.

- A medication Administration Record is not required documentation for Cathflo Activase administration. Lot numbers, Expiration dates, procedure, outcome, and response to procedure can be documented within the narrative of a standard clinical note.
- Monitoring vitals is not required during the dwell time for Cathflow Activase. Baseline vitals is the minimum requirement. Post vitals is encouraged, but not required.