2. RE: saline flushes

4 Recommend

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Actions

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Reply

Below I have listed our mitigation and conservation strategies for the NS flush shortage for both pharmacy and nursing personnel. We are utilizing a 'tiered' approach based on our current on-hand inventory. This will allow us to relax some of the conservation strategies as our supply improves; and also reserving some strategies (i.e. pharmacy preparation) only as a last resort option.

Conservation Strategies for Pharmacy

- Deploy 2.5 mL or 3 mL NS flush syringes (as available) to units managing peripheral lines
- Deploy 10 mL NS flush syringes (as available) to units managing central lines
- Maximize use of Mini-Bag Plus reconstitution devices
- Restrict NS flush floorstock quantities based on availability
- Deploy available premix medications that don't require reconstitution (as available)
- In complete outage: pharmacy to prepare saline flushes within cleanroom in limited quantities; final product requires refrigeration and will have a short shelf-life in the absence of performing sterility testing.

Conservation Strategies for Nursing

1. Utilize 2.5 mL or 3 mL saline flushes for all peripheral IV (PIV) starts and q12 hour maintenance flushes if available.
2. Reserve 10 mL saline flushes for central lines as much as possible. To prevent internal catheter rupture and clot/fibrin sheath dislodgement. Central line must ALWAYS be flushed with a 10 mL or larger syringe.
3. Avoid ordering and remove "just in case" PIVs to preserve saline flushes by eliminating q12 hour flushes.
4. Leave a bag of NS or D5W attached to lines at KVO rate and administer medications as piggyback, as clinically appropriate. You can use an empty syringe to check blood return.
5. Don't reconstitute/dilute a medication using a NS flush syringe
6. Floorstock quantities to be reduced to reserve inventory.
7. Reduce the number of lumens when placing central lines. This will decrease the number of saline flushes required and decreases risk of infection.
8. For patients needing IV access, order IV fluids at KVO unless patients clinical condition prevents the use of KVO fluid.
9. Only use flushes for flushes

Important to emphasize also with staff what practices are unsafe and should not occur (e.g., batch preparation from large bag at bedside). CDC Injection Safety Guidelines give very clear and specific recommendations for this types of practices.

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