VASCULAR ACCESS

CVC Dysfunction: Conservative and Pharmacologic Management

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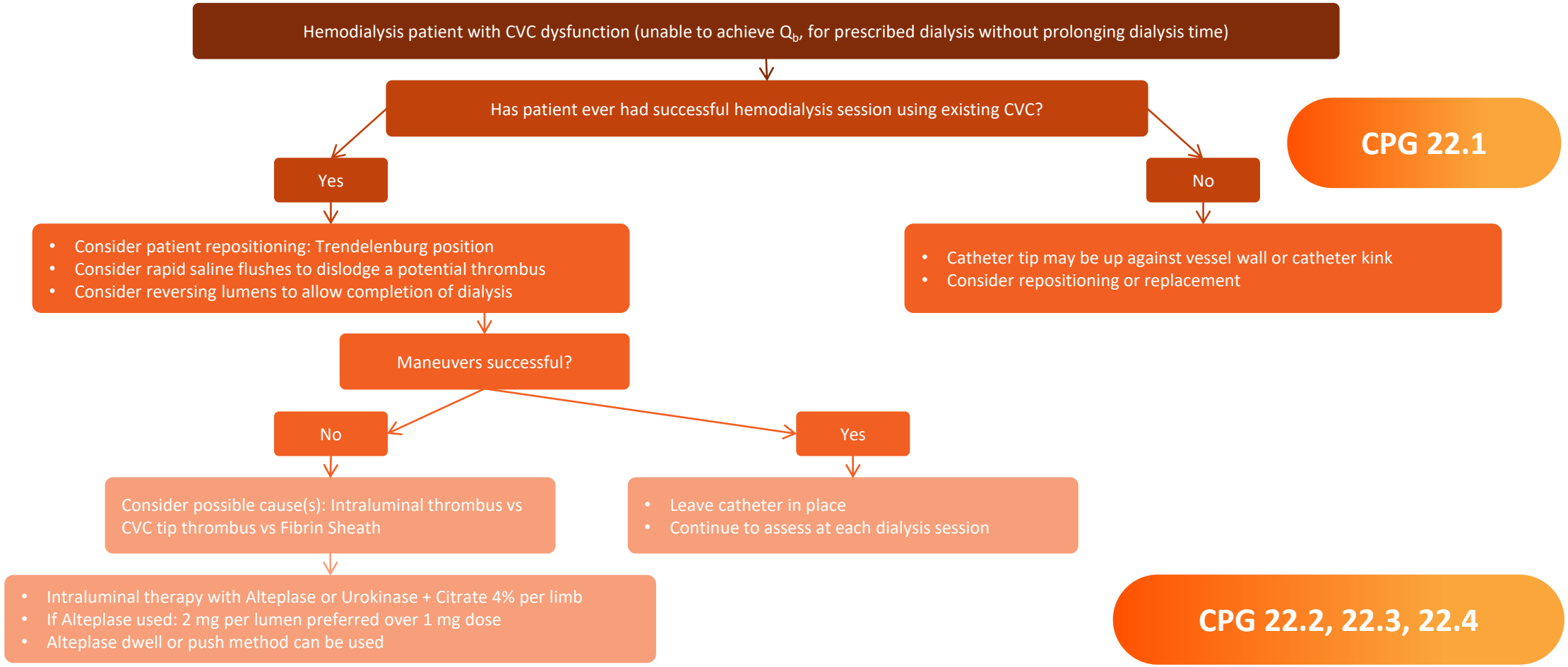
Checklist for the Non-Interventional Management of CVC Dysfunction:

- [ ] Use a conservative bedside approach first before other medical or mechanical interventions (e.g. patient repositioning, saline flush etc.). — CPG 22.1
- [ ] Administer intraluminal thrombolytic agent in each CVC port to restore function of dysfunctional CVCs due to thrombosis. — CPG 22.2
- [ ] Consider: Use alteplase or urokinase plus citrate 4% per limb for restoring intraluminal CVC blood flow in an occluded CVC. — CPG 22.3
- [ ] Suggest: intraluminal administration of alteplase 2 mg in preference to alteplase 1 mg in each CVC port to restore function of dysfunctional CVCs due to thrombosis. — CPG 22.4
- [ ] Suggest: Administering recombinant tissue plasminogen activator (rTPA) e.g. alteplase, by the dwell or push method to treat CVC dysfunction. — CPG 22.5

Flow Diagram 22.a.
Management of Hemodialysis Catheter (CVC) Dysfunction: Conservative and Pharmacological Maneuvers



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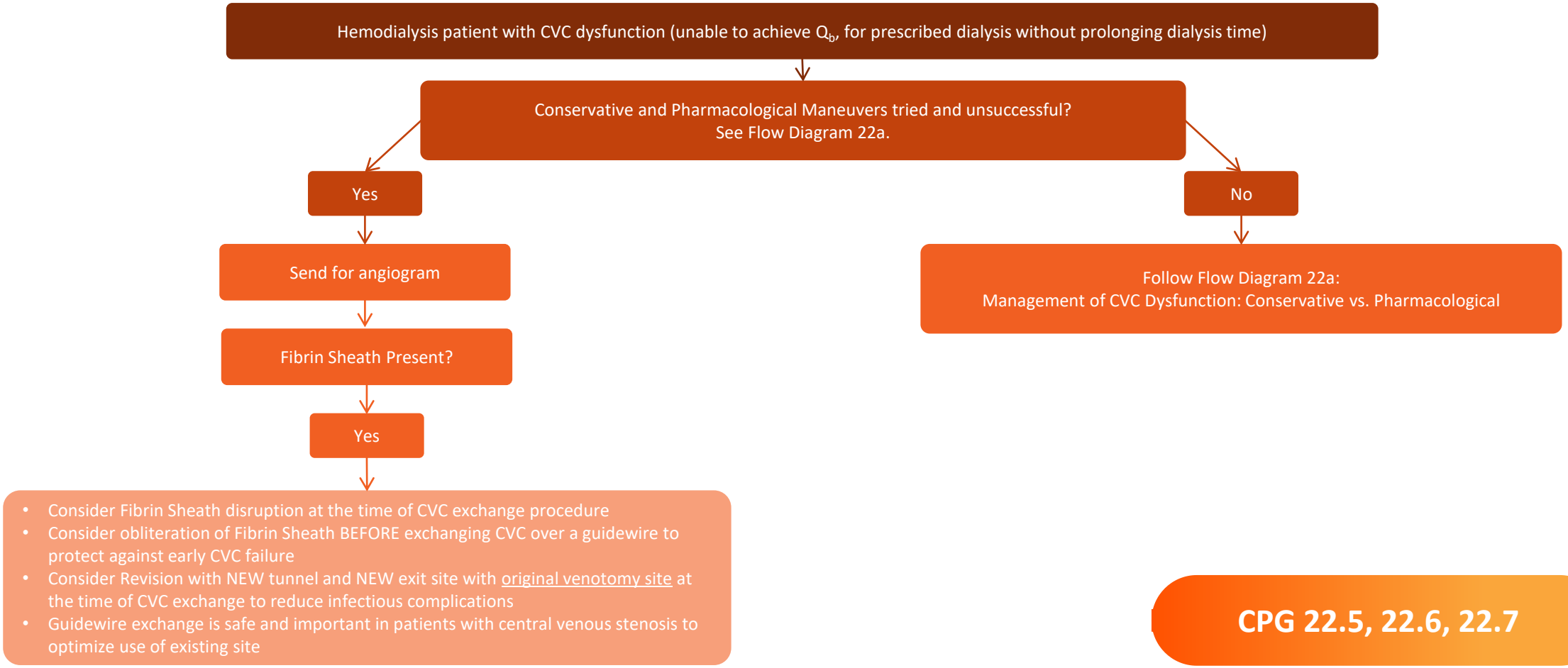
Flow Diagram 22.b.
Management of Hemodialysis Catheter (CVC) Dysfunction: Mechanical Maneuvers



CPG 22.5, 22.6, 22.7

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