



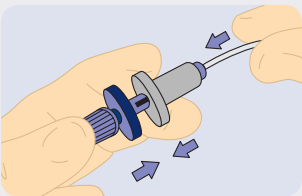
EPIDURAL CATHETER CARE GUIDELINES

Clinical care guidelines for epidural catheters

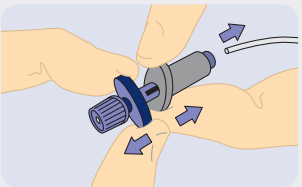


SNAPLOCK™ CATHETER/ SYRINGE ADAPTER USAGE

- 1 Close SnapLock Adapter:
Insert proximal end of catheter into adapter until catheter bottoms out. See *Instructions For Use* for detailed instructions.



- 2 How to turn and open SnapLock.



Medication delivery, maintenance, and care of epidural catheters should follow your institution's policies and procedures and your state's nurse practice guidelines.

- Label epidural catheters to distinguish them from venous or arterial catheters. (Teleflex provides a fluorescent yellow identification label that can be applied to the catheter.)
- Nursing responsibilities may include patient education, site care, dressing change, medication administration, and catheter removal. (This may be an established institution policy and procedure.)
- Use aseptic technique – including mask and sterile gloves – during access and maintenance procedures.
- Continuous epidural infusions should be administered via an electronic infusion device.
- Medication infused via an epidural catheter must be preservative-free.
- Alcohol is contraindicated for site preparation or when accessing the device. A 0.2 μ filter without surfactant should be utilized for medication administration.
- Assess patient for therapeutic responses. Report ineffective pain management to the physician.
- A physician's order is required for epidural catheter removal. Hospital policy will determine who may remove the epidural catheter (*i.e. physician, nurse anesthetist, RN*).

EPIDURAL CATHETER REMOVAL GUIDELINES

1. Remove the catheter by placing the patient in the same position that was used to insert the catheter, such that the vertebral interspaces are open.

2. Grasp the catheter close to the skin and remove slowly with a steady, constant pull force. ①

NOTE: Under no circumstance should extreme force be applied to the catheter during removal.

3. Cover the puncture site with a suitable dressing.

PRECAUTION: After removal of catheter, inspect distal tip for continuity. The black dot on the tip will signify that the entire catheter has been retrieved from the epidural space. ②

SUGGESTIONS FOR CATHETERS THAT RESIST REMOVAL

The outer surface of the FlexTip Plus® Epidural Catheter is a soft polyurethane material. This softness offers many clinical advantages. Occasionally, users encounter a catheter that is more difficult to remove and requires extra care.

While the FlexTip Plus Catheter can withstand significant stretching, it is not unbreakable. Clinicians should familiarize themselves with the catheter's elongation properties and breakpoint. Resistance is a signal that the patient's anatomy is applying force to the indwelling portion of the catheter.

WARNING: During catheter removal, if resistance is encountered or if the catheter stretches excessively, STOP. Reposition the patient to open the vertebral interspaces and attempt removal using the following procedure.

If the catheter cannot be withdrawn with minimal force, Teleflex recommends the following:

- Reposition the patient and/or allow the patient to relax for several minutes/hours and attempt removal later. Studies have proven that the force required to remove an epidural catheter can vary dramatically depending on the patient's positioning.¹ Teleflex recommends that the patient be placed in the same position for removal as they were for placement.
- In conjunction with bullet #1 above, several clinicians have described how they successfully stretched the catheter slightly and then taped it to the skin, thus creating permanent tension on the catheter. As the patient relaxes and moves, the forces holding the indwelling portion of the catheter diminish and the tension on the catheter (created by stretching and taping) cause it to automatically retract from the epidural space. ③ This procedure should make it easier to remove, depending on how much catheter is indwelling and how much the catheter is stretched prior to taping it down. This technique may be repeated if necessary.
- Some clinicians have found that injecting a small bolus of preservative-free saline while removing the catheter has helped. This technique is documented in the literature.²

¹ Blackshear RH, MD, Gravenstein N, MD, and Radson E, RN, BSN. Tension applied to lumbar epidural catheters during removal is much greater with patient sitting versus lying. *Anesthesiology*. September 1991;75(No. 3A):A833.

² Gadalla F. Removal of a tenacious epidural catheter. *Anesth Analg*. 1992;75:1070. Letter.

Caution: U.S. Federal Law limits this device to sale by or on order of a physician. Contents of unopened, undamaged package are sterile. Disposable. Refer to package insert for current warnings, indications, contraindications, precautions and instructions for use.

① Grasp catheter close to insertion point.

② Inspect distal tip for continuity.

③ Apply tension to catheter and tape.

