

fall  intestinal  
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HPN DISCONNECTION PROTOCOL

# 1-WORK AREA

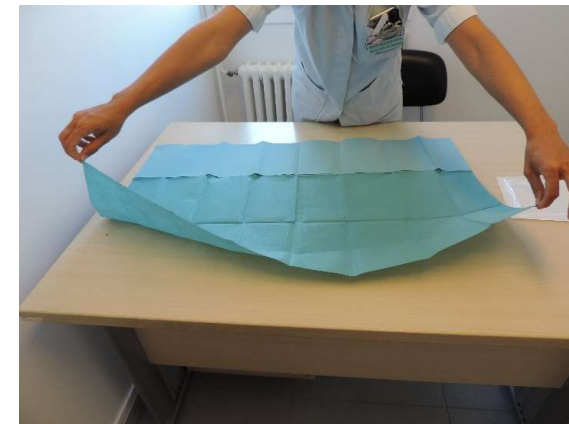
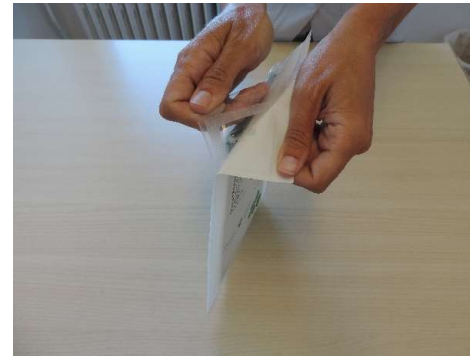
After putting on the mask and cleaning our hands, we proceed to prepare the work area. The following are recommended:

- An area/room of the house that is not so frequented, and free from pollution and drafts.
- A smooth surface that is easy to clean, of at least 50x50 cm. This surface must be cleaned before each procedure (with water and bleach, well rinsed and properly dried).
- A chair that allows you to be seated, a needle disposal container, and a bin to throw away any waste material.
- There should be no pets nearby.

## 2. PREPARATION OF THE STERILE FIELD

**If you have followed the hand cleaning protocol properly, you do not need to wear sterile gloves for this point.**

- Open the sterile cloth container pulling the tab that indicates so.
- Look for the top corners of the cloth and hold them using two fingers of each hand.
- Lift it with your arms extended. Be careful not to touch the table, your body, or other elements with the cloth.
- Put the cloth on the table.
- The surface of the sterile cloth that is visible will be called the "sterile field".



\*Use the boxes  to mark each step you complete

### 3. MATERIAL NEEDED

**Place the material on the sterile field following the "Connection protocol", without touching the surface with contaminated elements.**

- Antiseptic solution and hydroalcoholic solution
- Sterile field
- Sterile gloves
- 2 packs of gauze dressing
- 3 10 ml syringes
- 2 dispensing needle 0.9 x 25 mm  
(1 to fill two saline solution syringes and 1 for the sealing product)
- 1 vial of sealing solution  
(Fibrilin®, Taurolock®, according to the protocol of your centre)
- 2 10 ml ampoules of 0.9% saline solution or 2 10 ml sterile pre-filled syringes
- Needle disposal container



## 4-HPN DISCONNECTION

1. Leave the area of the catheter where the HPN is connected exposed to make handling easier.
2. Turn off the HPN infusion pump and close the infusion system. Follow the specific instructions for the infusion system and the peristaltic pump you use.
3. Repeat the hand hygiene protocol once again.
4. Put the sterile glove on your dominant hand and fill the syringes using the technique you learned. To avoid making a mistake, leave the 2 saline solution syringes without the needle, and the syringe with the sealing production with needle. This way you can distinguish them.
5. After leaving the 3 syringes prepared, place the other sterile glove on your non-dominant hand.

- 6. If the device has a clamp, close the clamp with a gauze (to avoid contaminating the sterile gloves).
- 7. Disconnect the infusion system from the bio-connector with the help of a gauze in each hand.
- 8. Clean the bio-connector connection area with another gauze impregnated with chlorhexidine at >0.5% (only the connecting part, without dragging the rest of the cap). Leave to dry 30 seconds.
- 9. Connect 1 syringe filled with saline solution to the bio-connector.
- 10. Loosen the clamp with your left hand, using a gauze dressing to avoid touching it with the sterile glove.
- 11. Aspirate a small amount through the syringe to check that blood flows back. Then insert the two 10 ml syringes of saline solution one after the other, flushing the catheter using the push-stop-push-stop technique.
- 12. Discard the two syringes.

## 5. HEPARINISATION / SEALING

Follow indications, frequency, solution and quantity according to the protocol of your centre

1. After flushing the catheter with saline solution, connect the syringe with the sealing solution and infuse the amount indicated in the protocol of your centre, using the push-stop-push-stop technique.
2. To end the sealing process, USE POSITIVE PRESSURE (insert the last 0.5 ml, while closing the clamp), to prevent blood flow reflux into the catheter and avoid blood clots.
3. Remove and discard the syringe.
4. You can add a Swabcap<sup>®</sup> (for passive disinfection) to the bio-connector or leave only the bio-connector (according to the protocol of your centre).

# WARNING

- The protocol described in this section is provided for guidance only.
- Materials available at your centre or the indicated protocols may vary.
- We advise you to ask your reference team any questions you may have and follow the instructions given at your centre.