Caring for Your IV Line

If you have an IV (intravenous) line, sometimes it may remain in place even when it’s not being used for therapy. During these times, you will need to “flush” the line. Flushing the line means filling it with solution to keep it from clotting. Follow the steps in this fact sheet to flush your line properly.

You can flush your IV line any time it’s not being used for therapy. Unless yours nurse tells you otherwise, you should flush your IV line once a day then discard all the used supplies in the regular trash.

Prepare

1. **Clean** your hands with cleansing solution.
   - **Rub** your hands vigorously until they are dry.
   - **Clean** your hands each time you work with your IV.

2. **Lay out** your supplies.
   - Pre-filled flush syringes
     - 2 Saline
     - 1 Heparin — if needed
   - Sterile wipes
   - Alcohol disinfectant cap

Prepare your syringes

You may need to adjust the amount of solution in your pre-filled syringe to match the amount listed below. Your healthcare provider will tell you if you need to flush with heparin along with saline.

<table>
<thead>
<tr>
<th>Saline Only</th>
<th>Saline then Heparin</th>
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</thead>
<tbody>
<tr>
<td>Saline: ______ mL</td>
<td>Saline: ______ mL</td>
</tr>
<tr>
<td>Heparin: ______ mL</td>
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Adjust your solution

1. **Remove** the syringe cap.

2. **Gently tap** the syringe to move air to the tip.

3. **Push** the plunger to remove air and extra solution.
   - If difficult to push, pull plunger back slightly to break the seal.

4. **Replace** the syringe cap until you are ready to use it.
Flush your IV line

1. **Remove** the alcohol disinfectant cap and discard.

2. **Attach** the syringe firmly to the IV needleless connector using a push and twist motion.

3. **Open** the clamp.

4. **Inject** the solution.

5. **Close** the clamp.

6. **Remove** and discard the syringe.

7. **Attach** a new alcohol disinfectant cap after the final flush.

* If the needleless connector touches anything, **CLEAN IT** with a sterile wipe for 15 seconds.

Questions

*If you need help or have questions, call:*

Nurse: ____________________________

Phone number: ____________________

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