

## IV PROBLEM CALLS

Pumps/Other	Problem(s)	Trouble-shooting Ideas
Prism	High pressure	<ul style="list-style-type: none"> <li>• Check clamps</li> <li>• Check tubing for kink</li> <li>• Flush line</li> <li>• Remove cassette and put it back on (re-sets pump)</li> <li>• Reposition arm</li> </ul>
	Low Battery Alarm	<ul style="list-style-type: none"> <li>• Change battery</li> </ul>
	Low Res. Vol. Alarm	<ul style="list-style-type: none"> <li>• Interview patient- when is bag due to be changed, when was last dose, when is next dose due?</li> <li>• Reset the Res. Vol</li> </ul>
Flo Gard (Baxter)	Air in line Alarm	<ul style="list-style-type: none"> <li>• Hit start repeatedly until air is past sensor OR</li> <li>• Remove tubing from pump &amp; free flow to gravity to clear air</li> <li>• Blue clamp in base of pump goes pointy end in</li> <li>• Cold medication tends to create more air in line (champagne bubbles)</li> </ul>
	Difficulty removing old tubing from pump	<ul style="list-style-type: none"> <li>• Push blue clamp <b>all the way</b> into the slot. (If not all the way in, it will JAM)</li> </ul>
Dressings	Blood at site	<ul style="list-style-type: none"> <li>• If contained and not leaking at from under dressing- <b>DO NOT</b> change (can wait for regular visit) Next day prn visit</li> </ul>
	Coming off	<ul style="list-style-type: none"> <li>• Reinforce with tape if possible, appropriate</li> </ul>
	Redness/discomfort at site	<ul style="list-style-type: none"> <li>• Apply light heat (heating pad on low) if appropriate</li> <li>• Set up prn visit for am</li> </ul>
Lines	Patient calls with wrong type of cap on their line	<ul style="list-style-type: none"> <li>• Talk them through changing and putting the correct cap on (if appropriate)</li> </ul>
	Unable to flush line	<ul style="list-style-type: none"> <li>• Check all clamps</li> <li>• Check extension for kinks</li> <li>• Reposition arm</li> <li>• Push and pull on syringe, then flush; <b>No Heavy Pressure</b></li> <li>• Set up prn visit for am</li> </ul>
	Dislodged line	<ul style="list-style-type: none"> <li>• How far is catheter out, is there drainage or blood?</li> <li>• If catheter is completely out, save catheter and put dressing on site</li> <li>• Ask what type of therapy they are on? If nurse not familiar with med- call pharmacy to determine if OK to give med on a shorter line. Call MD if necessary</li> <li>• If no med - secure line and nurse will change dressing next day</li> <li>• Call MD if line needs to be in service</li> <li>• Set up prn visit for am</li> </ul>
	Broken PICC Line	<ul style="list-style-type: none"> <li>• Ask patient where line is broken</li> <li>• Is there a clamp on line still in arm- close clamp</li> <li>• If any catheter is outside tegaderm have patient cover with tape</li> <li>• Either visit patient to assess or send immediately to ER. Call ahead to hospital</li> <li>• If Lawrence General Hospital, call IV team before patient goes to hospital.</li> </ul>
Gravity	Tubing will not prime	<ul style="list-style-type: none"> <li>• Open clamp</li> <li>• Take cap off end</li> <li>• Check tubing spike in bag</li> </ul>
	Flow too slow	<ul style="list-style-type: none"> <li>• Check arm position</li> <li>• Flush with extra saline 10-20cc</li> <li>• If continues- new pump next business day</li> <li>• Put IV pole higher</li> <li>• If Dial-A-Flow, open more but never to full open</li> </ul>
Heimo Spill		<ul style="list-style-type: none"> <li>• Instruct patient to contain spill</li> <li>• Ask if they have kit</li> <li>• Make visit to clean spill</li> <li>• Notify V company</li> </ul>