



POLICY NAME:	Indwelling Subcutaneous Catheters: Intermittent Medication Administration
POLICY NO:	C.PT.04
EFFECTIVE DATE:	September 2006
REFERENCE:	ORGANIZATION WIDE
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AREA/DEPARTMENT:	CLINICAL – Parenteral Therapy

At Canuck Place, the subcutaneous route is often utilized for pain and symptom management especially when the enteral route is not possible or intravenous route is not established.

Policy

An indwelling Insuflon catheter is utilized when a child requires intermittent subcutaneous medications.

For continuous subcutaneous infusions, a BD Saf-T-Intima is used. See: [C.PT.05 Indwelling Subcutaneous Catheters - Continuous Infusions using BD Saf-T-Intima](#) and [C.PT.06 Standards for Infusion Practice](#).

A written physician's order must specify the drug, dosage, route and frequency of administration, see [C.ME.06 Communicating Medication Orders](#).

Guidelines

Catheter care:

- The Insuflon catheter should be changed every seven days to maintain patency. If there are any signs of redness, pain, swelling, exudates, bleeding or suspected dislodgement, the site must be changed sooner.
- An Insuflon is preferred for intermittent doses, as it can be used for multiple medications and no priming is required
- Rotate sites for catheter insertion to avoid tissue damage
- Insertion sites include the posterior aspect of the upper arm, anterior thigh or the abdomen. The Insuflon should be placed vertically in the limb or horizontally in the abdomen. Avoid placement by scars, bruises, skin lesions/abrasions or within a 5cm radius of the umbilicus as this may increase pain and affect absorption.

Medication administration:

- Refer to [C.ME.02 Medication Administration](#).
- Assess for adequate subcutaneous tissue for route administration
 - Note: generally children should weigh at least 2kg in order to effectively use the Insuflon catheter. In the palliative context, assess for appropriateness.
- Ideal maximum volume for bolus injections is 0.5 mL for infants and small children, up to 1.5 mL for older children and adolescents. For use in neonates, please see CPCH policy [C.ME.05 Medications in Neonates](#).
- If more than one medication is needed via the subcutaneous route, and the medications are **incompatible**, it is preferable to establish separate sites. Ensure each site is labeled with the medication dedicated for each site
- Ensure that medication can be given via the sub-cutaneous route. If no documentation can be found, consult with pharmacy. If pharmacy does not have any information available, check with the physician or clinical nurse specialist for other resources.

Procedure for Insuflon Catheter Insertion:

- 1) EXPLAIN procedure and rationale for Insuflon to the child and family.
- 2) ASSEMBLE equipment:
 - a) Insuflon subcutaneous catheter
 - b) Alcohol swab x 1
 - c) Tegaderm Dressing 6cmx7cm (optional) x 2
 - d) Topical analgesic cream (i.e. EMLA or Ametop)
- 3) WASH hands
- 4) Apply topical analgesic cream to site of where Insuflon will be inserted. If using EMLA cream, apply at least 1 hour prior to procedure and if using Ametop, apply at least 30 minutes prior to procedure and cover cream with Tegaderm dressing
- 5) OBTAIN help of second nurse/caregiver as needed to provide positional support and comfort
- 6) Remove analgesic topical cream and CLEANSE site with alcohol and allow to dry
- 7) HOLD catheter hub and remove protective cap. (Figure 1)
- 8) During insertion, hold catheter hub between thumb and index finger. **Note:** Insuflon catheter does not require priming of medication or fluid.
- 9) PINCH skin at site of insertion. INSERT catheter as far as possible, at a 20-45 ° angle, in one smooth quick movement, with bevel up. **Note:** If insertion is too slow, there is a risk of catheter peeling back from needle
- 10) REMOVE steel needle by holding catheter hub and pulling needle out slowly

- 11) SECURE catheter ensuring the insertion site is covered and clearly visible and the hub is open to the air. MARK on dressing date of insertion and medication to be infused if more than one site is established
- 12) Cover entire site with a Tegaderm dressing (optional) for further protection from moisture (e.g. for bathing).
- 13) DOCUMENT on appropriate record:
 - a) Site of insertion
 - b) Type of medication designated for catheter
 - c) Date and time
 - d) Patient's response to procedure



Figure A



Figure B

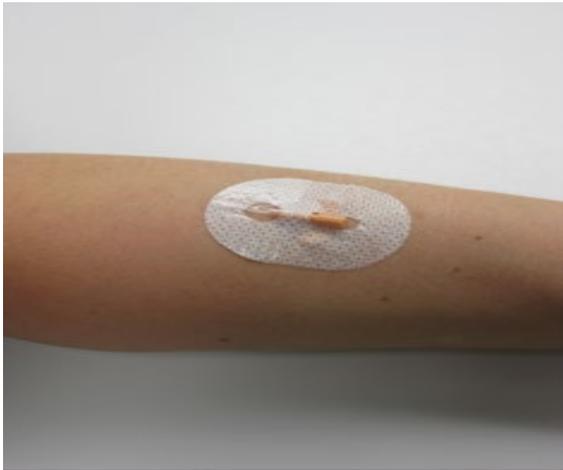


Figure C

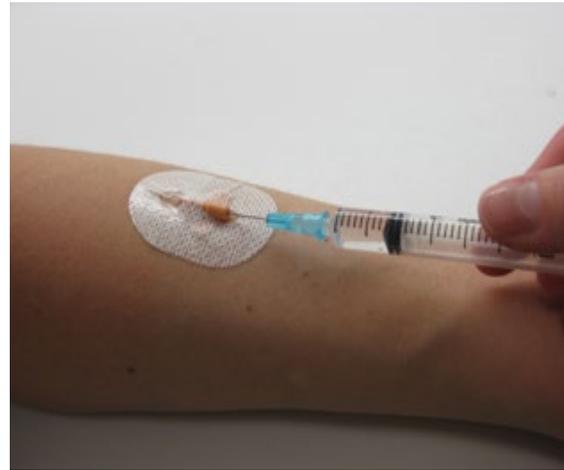


Figure D

References:

BC Children's Hospital (2013). **Indwelling Subcutaneous Catheter (Insuflon) Insertion, Medication Administration and Removal**
http://shop.healthcarebc.ca/phsa/BCWH_2/BC%20Children's%20Hospital/C-05-12-60857.pdf

Keywords: Insuflon, sub-cutaneous, medication