

Jackson Memorial Hospital (JMH)
Ethanol Lock Technique Policy

Ethanol Lock Therapy (ELT) must be approved by the Infectious Diseases (ID) consult service.

ELT may be considered for the following patients at JMH:

- (1) Treatment of central line-associated bloodstream infections (CLA-BSI)
 - a. Require salvage of current intravascular catheter because of inability to place catheter elsewhere
- (2) Prevention of CLA-BSI
 - a. History of recurrent CLA-BSIs
 - b. Limited alternatives for intravascular access

Lock Procedure

- Use a 70% ethanol solution (prepared by the pharmacy)
- Dwell time for ethanol lock solution should be for a period of at least 4 hours daily
- Port and lumen identity and volume of solution to be used (usually 1.5-3 mL) must be specified by the physician

Nursing Instructions

- (1) Flush catheter with normal saline
- (2) Instill volume of ethanol lock solution to fill lumen of catheter
- (3) At conclusion of lock period, aspirate ethanol lock solution
- (4) Before administration of medications:
 - a. Withdraw contents of lumen (ethanol lock solution) and discard
 - b. Flush catheter with normal saline
 - c. Administer ordered medication through line

Heparin

*****Heparin should not be administered concomitantly with ETL due to formation of a precipitate*****

Catheters

- ETL should NOT be used for peripheral catheters or peripherally-inserted central catheters (PICCs)
 - Because of low risk of infection and lack of data
- Pediatric patients and patients with liver dysfunction
 - Use appropriate volume to fill lumen without spillage into systemic circulation
 - To avoid systemic alcohol exposure or hepatic toxicity

Lock Order

Please use Ethanol Lock Order Set