

Introduction

A “Down Occlusion” is an occlusion between the pump and the patient’s access site.

What Should I Do If My Pump Reads “Down Occlusion”

1. Check clamp on tubing and unclamp if clamped.
2. Check tubing for any kinks or if patient is lying on tubing causing it to occlude.
3. Make sure tubing is placed in pump correctly. Tubing should fit under the notch when latch/door is open.
4. Try to restart by pressing Pause/Yes to Resume/Run to Start.
5. Turn pump off for 2 minutes and restart by pressing Yes at Program/Yes to Resume/Run to Start.

If None of the Above Work

1. Disconnect tubing from patient at blue/white injection cap.
2. Turn pump on and press Yes at Program/Yes to Resume/Run to Start.
3. If pump functions without alarming “Down Occlusion”, the problem is with the IV not the tubing or pump.

Assessing the IV for Occlusion

1. Flush with NS to check for patency.
2. If able to flush without resistance, change injection cap and resume pump.
3. If unable to flush, contact the IV team.
4. If line flushes easily, caps are changed, and “down occlusion” is still alarming, call the IV team.

Assessing the SQ for Occlusion (Do Not Flush)

1. Assess for leaking of fluid around the SQ needle. Remove and restart SQ if leakage noted.
2. Palpate area around needle for hardness (pooled medication). Remove and restart SQ if noted.
3. If no leaking or hardness noted, check for injection caps and anti-reflux caps attached to tubing. Remove if present and restart pump (it is not necessary to place an injection cap or anti-reflux cap on a SQ since this is not going into the bloodstream).
4. If still unable to start, change SQ.
5. Call IV team if occlusion is not resolved.