



MONOGRAPH

**Taurolidine / Sodium citrate / Heparin 100 units Monograph
– Paediatric
(Taurolock™-Hep100)**

Scope (Staff):	Medical, Pharmacy, Nursing
Scope (Area):	All Clinical Areas (Perth Children's Hospital)

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this [DISCLAIMER](#)

! HIGH RISK MEDICINE !

Taurolock™-Hep100 must not be flushed

QUICKLINKS

Dosage/Dosage Adjustments	Administration	Compatibility	Monitoring
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DRUG CLASS

- Taurolock™-Hep100 contains taurolidine 1.35%, sodium citrate 4% and heparin 100 units/mL and is an antimicrobial and anticoagulant lock solution for central venous access devices (CVAD).

Taurolock™-Hep100 is a [High Risk Medicine](#) due to the heparin component.

INDICATIONS AND RESTRICTIONS

- Taurolock™-Hep100 is indicated for prophylaxis against central line related bloodstream infections (CLABSI) and prophylaxis against occlusion in children who have a central venous access device (CVAD).^(1, 2)
- Taurolock™-Hep100 may be commenced upon insertion of a new CVAD (preferable) or commenced in a child with an existing CVAD.

IV: Monitored (orange) lock solution

- As per indications stipulated in [Formulary One](#). For any other use, phone approval must be obtained from ChAMP before prescribing as per the [Antimicrobial Stewardship Policy](#).

CONTRAINDICATIONS

- Hypersensitivity to taurolidine, sodium citrate, heparin (porcine origin), low molecular weight heparin or any component of the formulation. ⁽³⁻⁵⁾
- Contraindicated in patients with heparin induced thrombocytopenia or increased bleeding risk. ⁽³⁻⁵⁾

Taurolock™-Hep100 is only indicated for locking central venous access devices. It should not be used for peripheral or mid-lines.⁽⁴⁾

- Taurolock™-Hep100 **must not** be flushed into circulation and **must** be aspirated from the line after the required dwell time due to the risk of anticoagulation.⁽³⁾
- In the event of line occlusion please discuss with the CVAD clinical specialist and the treating team.

PRECAUTIONS

- Check ampoules for any precipitation prior to use.⁽³⁾
- Taurolock™-Hep100 contains heparin, please see [Heparin Monograph \(internal link\)](#)

FORMULATIONS

Listed below are products available at PCH, other formulations may be available, check with pharmacy if required:

- Taurolidine 1.35% with sodium citrate 4% and heparin 100 units/mL ampoule (available as a 3 mL ampoule).⁽³⁾

Imprest location: [Formulary One](#)

DOSAGE & DOSAGE ADJUSTMENTS

Neonates: Not routinely used in neonates, contact Infectious Disease (ID) or Clinical Microbiology consultants for advice.

Lock therapy:

- The volume to be administered is determined by the fill volume of the CVAD (see below).
- The required volume is to be instilled into the device for a minimum of 2 hours with administration only occurring once in 24 hours. Please discuss the duration of instillation with the ID team.⁽²⁾
- In the event that line access is required, the Taurolock™-Hep100 must be aspirated from the line, flushed with sodium chloride 0.9% and may then be used for administration of medications or other IV fluids as required.⁽³⁾

CVAD Device	Volume of Taurolock™-Hep100 to prescribe per lumen
Tunnelled or implanted central venous access device e.g. Broviac, Hickmans or Infusaport	2 mL
Peripherally inserted central catheter (PICC)	1 mL

- The lock can be left in situ for up to 30 days. After this time, the line should be aspirated and flushed with sodium chloride 0.9% prior to re-locking with Taurolock™-Hep100 or using the line.⁽³⁾

Renal impairment:

- No dosage adjustment is required in renal dysfunction as it is not intended for systemic administration. However, the fill volume of the device being locked must be strictly adhered to.⁽³⁻⁵⁾

Hepatic impairment:

- No dosage adjustment is required in hepatic dysfunction as it is not intended for systemic administration. However, the fill volume of the device being locked must be strictly adhered to.⁽³⁻⁵⁾

ADMINISTRATION

Taurolock™-Hep100 is only to be used as a lock solution for CVADs. It is not to be used for locking peripheral lines or mid lines.

- Determine the fill volume of the device to be locked (see above).
- Flush the CVAD with 10 – 20 mL of sodium chloride 0.9% using the pulsatile ‘push-pause’ technique as per [Central Venous Access Device \(CVAD\) and Midline Management Guideline](#).⁽³⁾
- Instil the required volume of Taurolock™-Hep100 into the CVAD. This should be done slowly at a rate of no more than 1 mL per second in children and no more than 0.2 mL per second in infants and children <2 years.⁽³⁾
- Discard any excess solution remaining in the ampoule.
- Leave the solution in situ for a minimum of 2 hours (with administration only occurring once in 24 hours) and for a maximum of 30 days.^(2, 3)
- Ensure that the line is not flushed accidentally during this time. Label each lumen containing Taurolock™-Hep100 by writing Taurolock™-Hep100 on the line label and attaching this as per the [PCH Labelling of Injectable Medicines and Fluids Policy](#).
- Before utilising the line for administration of medication, aspirate the Taurolock™-Hep100 volume added to each lumen. If in the event of line occlusion, discussion of the need to flush the line with the treating team should occur prior to flushing.
- Flush the line with 10 – 20 mL of sodium chloride 0.9% before instilling next Taurolock™-Hep100 (or next treatment) using the pulsatile ‘push-pause’ technique as per [Central Venous Access Device \(CVAD\) and Midline Management Guideline](#).

- Document any reported taste disturbance or line occlusions or any other potential adverse events on the CVAD Nursing Management Record.

COMPATIBILITY (LIST IS NOT EXHAUSTIVE)

Compatible fluids:

- Sodium chloride 0.9%.⁽³⁾

Compatible at Y-site:

- Taurolock™-Hep100® is used as a lock solution, it must not be mixed with any other fluids prior to use as a lock and all lumens should be flushed well with sodium chloride 0.9% prior to instillation.⁽³⁾

MONITORING

- Monitor for line patency.

ADVERSE EFFECTS

Common: nausea, vomiting, bleeding, mild reversible thrombocytopenia, dizziness, musculoskeletal chest pain.⁽³⁻⁵⁾

Infrequent: metallic or unusual taste (particularly if instilled at a rate faster than recommended), line occlusion, hypocalcaemia symptoms (if instilled at a rate faster than recommended), paresthesia.⁽³⁻⁵⁾

Rare: Heparin induced thrombocytopenia.^(3, 4)

STORAGE

- Store between 15°C and 30°C⁽³⁾

INTERACTIONS

This medication may interact with other medications; consult PCH approved references (e.g. [Clinical Pharmacology](#)), a clinical pharmacist or PCH Medicines Information Service on extension 63546 for more information.

Please note: The information contained in this guideline is to assist with the preparation and administration of **taurolidine 1.35% with sodium citrate 4% and heparin 100 units/mL**. Any variations to the doses recommended should be clarified with the prescriber prior to administration

Related CAHS internal policies, procedures and guidelines

[Antimicrobial Stewardship Policy](#)

[ChAMP Empiric Guidelines and Monographs](#)

[KEMH Neonatal Medication Protocols](#)

[Labelling of Injectable Medications and Fluids](#)

[Taurolock Patient information leaflet](#)

[CVAD policy](#)

References

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2. Łyszkowska M, Kowalewski G, Szymczak M, Polnik D, Mikołajczyk A, Kaliciński P. Effects of prophylactic use of taurolidine-citrate lock on the number of catheter-related infections in children under 2 years of age undergoing surgery. J Hosp Infect. 2019;103(2):223
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4. IBM Micromedex [Internet]. Truven Health Analytics. 2023 [cited 2024 March 7th]. Available from: <http://www-micromedexsolutions-com.pklibresources.health.wa.gov.au/micromedex2/librarian>.
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This document can be made available in alternative formats on request.

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