INSERTION AND MAINTENANCE

Please complete for each CVC inserted
Care and maintenance to be undertaken and documentation completed twice per day.
(if CVC in longer the 7 days please use an additional CVC insertion
and maintenance document as continuation sheet)

Write or affix label
Name:
Address:

Chart No.

DOB:
Hospital
Ward:

Insertion – When inserting a CVC ensure that:

1. Surgical scrub or surgical rub is performed before application of maximal sterile barrier precautions.

2. Maximal sterile barrier precautions are used: sterile gown and gloves, surgical hat and mask.

3. Sterile drape used to cover whole patient.

4. Aseptic technique maintained throughout insertion procedure.

5. Skin prepared by decontamination of the insertion site using 2% Chlorhexidine gluconate in 70% isopropyl alcohol and allowed to dry completely.

6. The subclavian vein is preferred site, jugular and femoral veins if clinically indicated.

7. A sterile, transparent semi-permeable dressing is used to cover the catheter site.

Good practice includes the documenting of the date & time of CVC insertion. This provides a baseline for ongoing catheter maintenance and to enable timely line removal when clinically no longer required.

CVC insertion details – please record any variances in section below

Where inserted: ED ☐ Theatre ☐ ICU/HDU ☐ Interventional Radiology ☐ Ward/other			**Date/time inserted**	Insertion site	Emergency ☐ Elective ☐	Inserted by (Name & Designation)
Clinical indication	IV Fluids/IV Medication ☐	Chemotherapy ☐	Urgent access ☐	Total Parenteral Nutrition ☐	Haemodialysis ☐	Other Please State:
Insertion Criteria (If no: please explain in variance section below)	1.Surgical scrub Yes ☐ No ☐	2. & 3. Maximal sterile barrier precautions and sterile drape Yes ☐ No ☐	4. Aseptic technique Yes ☐ No ☐	5. Skin prep Yes ☐ No ☐	6. Subclavian ☐ Jugular ☐ Other ☐	7. Sterile transparent semi-permeable dressing affixed Yes ☐ No ☐

Type of CVC (Tunnelled/Non-tunnelled) please record **Needle free device placed on end port(s)** Yes ☐ No ☐ N/A ☐	Real time Ultrasound Guidance Yes ☐ No ☐	If used: Guidewire removed & intact Yes ☐ No ☐ N/A ☐	Position confirmed by Chest X-ray (if applicable) Yes ☐ No ☐ N/A ☐
Has there been more than one puncture attempt? Yes ☐ No ☐ If yes state site:			

Variance recording:

<table>
<tr><td colspan="2">Maintenance – When maintaining an inserted CVC and accessing the insertion site and line ensure that:</td><td colspan="2">Signs and symptoms of CVC infection</td></tr>
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Maintenance – When maintaining an inserted CVC and accessing the insertion site and line ensure that:	Signs and symptoms of CVC infection	
1. The requirement for the CVC is reviewed and recorded on a daily basis.	**Local infection**	**Systemic infection**
2. The CVC dressing is intact. (If not intact , the dressing must be changed)		
3. The CVC dressing has been changed in the last 7 days.(document date of change)	• Erythema / inflammation /exudate	• Hypotension
4. Chlorhexidine gluconate 2% in 70% isopropyl alcohol is used for cleaning the insertion site during dressing changes.	• Hot to touch	• Tachycardia
5. Chlorhexidine impregnated dressing in place (if not record as variance)	• Pain tenderness	• Pyrexia • Rigors
6. Hand hygiene is performed immediately before accessing the site or line		
7. An antiseptic containing Chlorhexidine gluconate 2% in 70% isopropyl alcohol is used to clean the access hub (needle free device) for minimum 15 seconds (scrub the hub). Allow to dry completely before accessing line. If infection suspected take blood cultures (peripheral and central), send line tip to microbiology lab for culture.	If lumen blocked: seek medical advice as soon as possible as this could potentiate complications.	

Maintenance – To be completed twice per day (Observe for signs and symptoms of local or systemic infection)   Please record any variances in section below

Day & Date	Has the need for CVC been reviewed today?	Any sign of CVC infection?	The CVC dressing is intact?	Hand hygiene before accessing site and hubs.	Exit site, line & hubs cleaned with 2% Chlorhexidine in 70% IPA	Aseptic technique for all access and care	Chlorhexidine impregnated dressing in place?	What has been done?	Date dressing due to be changed	Initial
Day 1 AM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
PM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
Day 2 AM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
PM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
Day 3 AM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
PM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
Day 4 AM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
PM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
Day 5 AM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
PM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
Day 6 AM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
PM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
Day 7 AM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		
PM	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Left in place ☐ Removed ☐ Redressed ☐		

If CVC in longer the 7 days please use an additional CVC maintenance bundle sheet to document care

Variance recording:

Reason for removal	Exit site infection ☐	Blood stream infection ☐	Poor flow/dysfunction ☐	Leak/bleed ☐	End of treatment ☐	Other:

If infection is suspected take blood cultures, peripheral and from line, and send line tip to Microbiology lab for culture.