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| Name:DOB: HCRN:Address:Consultant:Ward |

**Assessment: Central Venous Access Device (CVAD) including Ambulatory Pump Disconnection**

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| **Central Venous Access Device Details** |
| Allergies/Sensitivities: | Is there an interpreter present? yes 🞏 no 🞏 Interpreting service 🞏 Family member/friend 🞏 N/A 🞏 |
| **CVAD Type:**  PICC🞏 Port🞏 Hickman🞏 |
| Are all sutures removed? Yes🞏 No 🞏 NA |

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| **Catheter Care: Nursing Assessment, Monitoring and Care** |
| Any patient catheter related complaints/issues reported since last dressing change and line flush? Yes🞏 No🞏 | External catheter length If applicable: cm |
| **Considerations** | **Yes** | **No** | **Comment** |
| Device intact? |  |  | If no please comment: |
| Skin intact?  |  |  | If no please comment: |
| Signs of localised exit site infection? |  |  | If yes, describe symptoms and action taken:Swab taken🞏 Other🞏 If other, please comment: |
| Dressing changed? |  |  | **N/A** | Type of Dressing used?\*Label dressing with date and time and nurse initials |

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| **Infusion Details** |
| **Is infusion complete** Yes🞏 No🞏 N/A🞏Report to physician Yes🞏 No🞏 Report to pharmacy Yes🞏 No🞏Comments: | **Reasons for pump non infusion**CVAD blocked🞏Tubing kinked🞏The line was clamped🞏No flow restrictor placed on patient skin🞏Pump malfunction🞏Other🞏Comments:Please complete an incident form in line with local policy. |

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| **Device Flushing** |
| Pump disconnected and CVAD flushed as per local hospital policy? Yes🞏 No🞏 If no, please fill out the rest of this section  |
|  | **Yes** | **No** | **Details** |
| **Port** or **Lumen 1**Colour:Huber needle length and gauge:  | Difficulties accessing the Port or lumen?  |  |  |  |
| Difficulties with achieving blood return?  |  |  |  |
| Persistent withdrawal occlusion?  |  |  |  |
| Any interventions/actions taken? |  |  |  |
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| **Lumen 2**Colour:  | Difficulties achieving blood return?  |  |  |  |
| Persistent withdrawal occlusion?  |  |  |  |
| Any interventions/actions taken? |  |  |  |
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| **Lumen 3**Colour:  | Difficulties achieving blood return?  |  |  |  |
| Persistent withdrawal occlusion?  |  |  |  |
| Any interventions/actions taken? |  |  |  |
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| **Lumen 4**Colour:  | Difficulties achieving blood return?  |  |  |  |
| Persistent withdrawal occlusion?  |  |  |  |
| Any interventions/actions taken? |  |  |  |

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| **Discharge** |
|  | **Yes** | **No** | **Comments** |
| Has Huber needle been flushed and removed?Any complications? |   |  | Time removed: |

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| Signs of localised exit site infection? |  |  | If yes, describe symptoms and action takenSwab taken🞏 Other🞏 Comments |
| Dressing changed |  |  | N/A | Type of Dressing used?\*Label dressing with date and time and nurse initials |

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| Date given for CVAD flush and dressing change? |  |  | N/A  | Time:Date:Location: Treating Hospital 🞏 Other Hospital 🞏Home/Self/Carer 🞏Community Services 🞏  |
| Assessment completed by NMBI pin: Date:  |

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| **Date** | **Time** | **Notes** | **Initials/NMBI Pin** |
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|  **Signature Bank** |
| **Name** | **Signature** | **Initials** | **Role** | **NMBI Pin** |
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