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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? |  |  |  |
|  | | | | |
| **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 taken  Swab 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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