

# Central Venous Access Device Care Bundle

**Date and time form commenced**

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Record insertion details and continuing care over page

**All invasive devices are a risk of infection.**  
Continually review the need for any invasive device and organise the removal if Possible.  
Record type of invasive device, date inserted, and plot on body map

**Note:- This Care Bundle is inappropriate for infants under two months old**

**PATIENT DETAILS**

NHS Number.....

Surname.....

First Names.....

D.O.B.....

(Fix label here or complete)

Patient consent to hold Details on Invasive Device database (tick)	<input type="checkbox"/>
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**Central venous Access Device Good Practice**

Central venous catheters bloodstream infections (CVC-BSIs) are associated with increased morbidity, mortality and costs of care. The following interventions reduce the risk of CVC-BSIs.

- Appropriate hand hygiene

In line with WHO (2009) “five moments” for hand hygiene.

- Use of chlorhexidine and alcohol for injection port and skin decontamination

In line with EPIC2 (2007) guidelines.

- Use of sterile barrier precautions during dressing change

Has been shown to greatly reduce infection rates. Hu, K. K. *et al* (2004)\*

- Appropriate referral for speedy removal of CVCs.

In line with Doh (2007) Saving Lives, High impact intervention 1

\*Hu K. K. *et al* Using Maximal sterile barriers to prevent central venous catheter-related infection: A systematic evidence-based review. American Journal of infection control, 2004, 32, 142-146.

## Document position of Central venous access device on body map

Date inserted

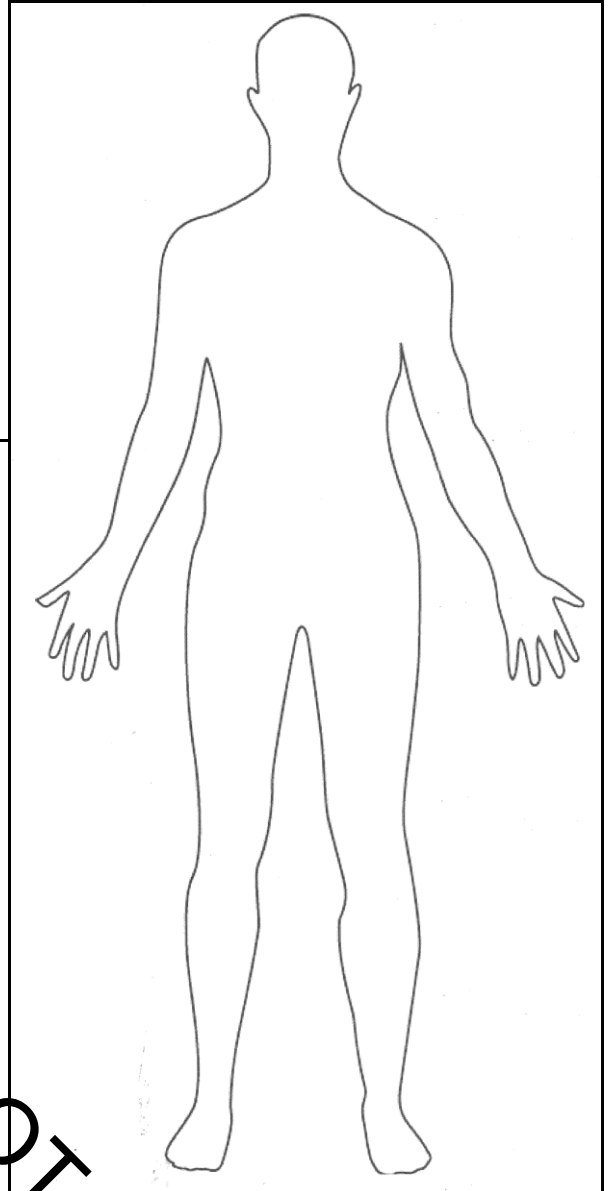
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Hospital where procedure took place

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Type of Central Venous Catheter

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### **REMEMBER**

**Always use an aseptic technique to access the site.**

**In the event of tenderness at the site,  
fever without an obvious source,  
symptoms of local or systemic infection,**

**or the presence of exudate**

**THE DRESSING SHOULD BE REMOVED AND THE SITE ASSESSED**

**(RCN Infusion Protocol Jan 2010)**

### Maintaining patency in central venous catheters

(Adapted from Royal Marsden Manual)

	Insert date completed											
	→											
1	Ensure consent obtained and procedure discussed with patient											
2	Decontaminate hands appropriately.											
3	Ensure personal protective equipment is used, and disposed of appropriately.											
4	Use 2% Chlorhexidine gluconate in 70% isopropyl alcohol to decontaminate injection port											
5	Attach sterile syringe to needleless injection port.											
6	Using a push-pause method inject the contents of the flush as prescribed (1ml at a time)											
7	Dispose of used equipment safely											

SAMPLE - DO NOT USE



# INFECTION PREVENTION & CONTROL

## SCREENING AND MANAGEMENT OF MRSA (adapted from High Impact Interventions doh 2010) Meticillin-resistant Staphylococcus Aureus = MRSA

Today's Date																										
Staff Initials																										
Date of last screening Indicate if positive = P																										
Observations- clearly mark in Box																										
1	Indicate consideration given to :- <b>MRSA screening document.</b> <b>MRSA guide for primary healthcare teams</b>  <b>Inter-Healthcare Infection Control Admission / Transfer Form</b>																									
<b>Standard decolonisation treatment</b>																										
2	Octenisan body wash as per decolonisation policy Including hair wash If nasal colonisation 2% Bactroban as per policy																									
<b>Hand hygiene</b>																										
3	Decontaminate hands before and after each patient contact ensure correct hand hygiene procedure in line with five moments for hand hygiene. (WHO 2009)																									
<b>Personal Protective Equipment (PPE)</b>																										
4	Always use disposable gloves and apron when handling body fluids and when caring for patients infected / colonised with MRSA																									

SAMPLE - DO NOT USE

West & Bedfordshire localities please consider the following ↓

SAMPLE - DO NOT USE