Central Venous Access Device Care Bundle

Date and time form commenced
__________________________
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

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

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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)

<table>
<thead>
<tr>
<th>Insert date completed</th>
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</thead>
<tbody>
<tr>
<td>1 Ensure consent obtained and procedure discussed with patient</td>
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<tr>
<td>2 Decontaminate hands appropriately.</td>
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<tr>
<td>3 Ensure personal protective equipment is used, and disposed of appropriately.</td>
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<tr>
<td>4 Use 2% Chlorhexidine gluconate in 70% isopropyl alcohol to decontaminate injection port</td>
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<tr>
<td>5 Attach sterile syringe to needleless injection port.</td>
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<tr>
<td>6 Using a push-pause method inject the contents of the flush as prescribed (1ml at a time)</td>
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<tr>
<td>7 Dispose of used equipment safely</td>
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<tr>
<td>Ongoing care record on every visit.</td>
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</tbody>
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**Continuing clinical indication**

1. Is this central line still indicated (Y) or (NO)?
   - If NO refer to correct department for removal (insert date referred).

**Preventing the spread of infection.**

2. Decontaminate hands before and after each patient contact. Use correct hand hygiene procedure, and ensure personal protective equipment worn, ensure the safe disposal of sharps at point of use.

**Site infection.**

3. Observe site at every visit.

**Dressing.**

4. An intact, dry, adherent transparent dressing should be present. To replace the dressing ensure sterile pack with sterile gloves and field are utilised, clean the skin with 2% Chlorhexidine gluconate in 70% isopropyl alcohol (e.g. Chloraprep). If the site is red or discharging take a swab for Microscopic Culture & Sensitivity. apply appropriate dressing, moulding it into place, to reduce creasing or folds. Dispose of waste in appropriate containers.
   - *Indicate date of dressing change*

**Cannula access.**

5. Use 2% Chlorhexidine gluconate in 70% isopropyl alcohol, and allow drying prior to accessing the port for administration of fluids or injections.

**Replacement of administration sets.**

6. Replace administration sets immediately after blood products or lipid feeds, all other sets should be replaced after 72 hours, use administration set labels and dispose of administration set appropriately.

**No routine cannula replacement.**
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 :-
   - MRSA screening document.
   - MRSA guide for primary healthcare teams
   - Inter-Healthcare Infection Control Admission / Transfer Form

**Standard decolonisation treatment**

2. Octenisan body wash as per decolonisation policy
   - Including hair wash
   - If nasal colonisation 2% Bactroban as per policy

**Hand hygiene**

3. Decontaminate hands before and after each patient contact
   - ensure correct hand hygiene procedure in line with five moments for hand hygiene. (WHO 2009)

**Personal Protective Equipment (PPE)**

4. Always use disposable gloves and apron when handling body fluids and when caring for patients infected / colonised with MRSA