



Ambulatory Clinic Policy and Procedure

Title:	Central Lines	Policy Number:	3.05
		Version Number:	2
Regulation Reference:	The Joint Commission: NPSG.07.01.01, NPSG.07.05.01	Effective Date:	7/2016
		Original Approval:	6/2011

POLICY STATEMENT:

It is the policy of Texas Tech University Health Sciences Center (TTUHSC) Ambulatory Clinics to provide guidance on use and maintenance of central venous lines.

SCOPE:

This policy applies to all TTUHSC ambulatory clinic operated through its schools.

PROCEDURE:

1. General.

- a. Who Can Perform – Unless otherwise stated in this policy, procedures outlined herein may only be performed by licensed/trained healthcare providers under the supervision of a Provider.
- b. Defined Term – A Provider is defined as a Physician, Nurse Practitioner or Physician Assistant.

2. Capping a Catheter Port Procedure.

- a. Use only luer lock male adapters.
- b. Use aseptic technique.
- c. Prime adapter with heparinized solution 100 unites per cc prior to change.
- d. Clamp off catheter tubing using clamp and change adapters.
- e. Unclamp catheter.
- f. Tape connection.

3. Central Line Site Care.

- a. Site Inspection – Document site inspection on the progress note.
- b. Site Care – Performed as Directed by Provider.
 - 1) Use CVP dressing kit.
 - 2) Use aseptic technique.
 - 3) Put on mask.
 - 4) Remove old dressing and discard appropriately.
 - 5) Put on sterile gloves.
 - 6) Open all swab sticks.

- 7) Using an alcohol swab stick, clean dressing in a circular motion starting at the catheter insertion site and moving outward (If using acetone alcohol solution, do not touch the plastic catheter).
- 8) Repeat with the swabs until the entire patient area has been cleaned.
- 9) Repeat with prepping procedure with the providone-iodine swab sticks.
- 10) Prep with the providone-iodine for a minimum of one (1) minute.
- 11) Allow providone-iodine to dry.

4. Discontinuing Central Lines Procedure.

- a. Have sterile 4 x 4's, suture removal set, sterile gloves, adhesive tape, Vaseline gauze (optional) available.
- b. Place head of bed 30 degrees or less.
- c. Loosen tape completely and remove dressing from catheter.
- d. Wash hands thoroughly.
- e. Put on sterile gloves.
- f. Prepare dressing by placing sterile Vaseline gauze in the center of sterile 4 x 4's or open 4 x 4's and have ready.
- g. Using sterile removal set, cut and remove any sutures holding catheter in place taking care not to pull, push or cut catheter.
- h. If condition allows, have patient take in deep breath and hold it during withdrawal, then return to normal breathing.
- i. While withdrawing the catheter with one hand, place sterile dressing over the skin entry site with the other hand.
- j. Apply pressure for 3-5 minutes or until bleeding stops.
- k. Cover the wound completely with an occlusive dressing or adhesive tape.
- l. Advise patient to keep dressing in place for 24 hours.
- m. Document procedure and patient tolerance on progress note.
- n. After removal, catheter should be inspected for integrity of the catheter.
- o. Post-removal x-ray may be considered.

5. Obtaining Blood Samples from Central Line.

- a. Equipment.
 - 1) Syringes:
 - a) Adult – (2) 10 cc syringes for blood samples and for aspiration.
 - b) Pediatric – 5 cc syringes for pediatric patients.
 - 2) Labeled lab tubes – include patient name, date and time drawn.
 - 3) Alcohol swab/betadine swab.
 - 4) Sterile injection cap – luer lock cap.

- 5) Standardized Heparin Flus/or Saline Syringe.
- b. Procedure – Validate correct patient using two patient identifiers: ask patient or legal guardian the patient’s name and date of birth and compare to the patient’s medical record.
- 1) Wash hands and put on mask preferably with eye shield.
 - 2) Stop IV infusions.
 - 3) Put on gloves.
 - 4) Cleanse connection site of catheter.
 - 5) Connect empty syringe and aspirate
 - a) Adults – at least 5-10 cc’s
 - b) Pediatric – 5 cc
 - c) Repositioning the patient may be necessary in order to facilitate good blood return.
 - d) Discard syringe in sharps container.
 - 6) Connect specimen syringe to the end port.
 - 7) Using empty syringe, aspirate gently.
 - 8) Draw up volume of blood needed for the test.
 - 9) Place specimen in appropriate lab tube.
 - 10) Attach flush syringe and flush using solution and technique appropriate to the type of central line accessed.
 - 11) If continuous IV fluids are ordered, use normal saline instead of heparin to clear line.
 - 12) Label the specimen container in the presence of the patient or his/her legal guardian.
- c. Recording – Record on progress note any pertinent observations and amount of heparinized solution utilized.

APPROVAL AUTHORITY:

This policy shall be recommended for approval by the Joint Ambulatory Policy Committee to the Council of Deans.

RESPONSIBILITY AND REVISIONS:

It is the responsibility of the Joint Ambulatory Policy Committee to review and initiate necessary revisions based on collaboration and input by and through Quality Improvement/Performance Improvement, Risk Management and the Office of Institutional Compliance.

RIGHT TO CHANGE POLICY:

TTUHSC reserves the right to interpret, change, modify, amend or rescind this policy in whole or in part at any time to reflect changes in policy and/or law.

CERTIFICATION:

This policy was approved by the Council of Deans on July 21, 2016.