

PROCEDURE FOR: Central Lines: Dressing / Catheter Site Care

- POLICY:**
1. Central line dressings will be changed:
 - a. Every 7 days for transparent dressings
 - b. Every 48 hours for gauze dressings (Note: gauze under a transparent dressing is a gauze dressing)
 - c. When the integrity of the dressing is compromised or when the dressing is non-occlusive
 - d. When the catheter is replaced
 2. Only RNs and LPNs may perform central line dressing changes.
 3. The choice of a dressing depends on patient factors. Diaphoresis, oozing or bleeding at the site, or the presence of long sutures are some indications for gauze dressings.
 4. Needleless ports are to be changed every 7 days, regardless of whether a clear or gauze dressing is in place. It is to be coordinated with dressing changes.
 5. Do not change needleless ports more frequently than every seven days unless necessary.
 6. Handwashing immediately before accessing central lines is mandatory.

EQUIPMENT: Central line dressing kit
Mask
Chlorhexidine gluconate swabs or pads

PROCEDURE:

- | <u>ACTION</u> | <u>POINTS OF EMPHASIS</u> |
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| 1. Explain the procedure to the patient. | |
| 2. Have the patient assume a comfortable position. | |
| 3. Wash hands thoroughly or clean with a hand sanitizer and put on a mask. | |
| 4. Aseptically open the supplies onto a sterile field. The kit contents are supplied in order of use. | |
| 5. With clean gloves, remove old dressing. Prevent touch contamination of catheter site. | |
| 6. Examine the catheter site for: erythema, induration, drainage and tenderness. | 6. Report signs of infection immediately. |
| 7. Inspect the catheter for: <ol style="list-style-type: none">a. Malposition of the catheter. | |

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- b. Loose/absent sutures (central lines, PICCs and triple lumens).
 - c. Damage to tubing.
 - d. Presence of clamp.
8. Wash hands again and proceed with sterile technique.
 9. Place mask on.
 10. Don sterile gloves.
 11. Disinfect the skin with the chlorhexidine gluconate using a 15 second vigorous scrub. Let dry thoroughly.
 12. Wipe entire line, port and hub ends with chlorhexidine gluconate prior to reconnecting.
 13. Let dry thoroughly.
 14. If the needleless ports are due to be changed, change them now. Continue to maintain sterile technique.
 15. Change needleless components every seven days and no more frequently than 72 hours or according to manufacturer's directions.
 - a. Close catheter clamp, if applicable.
 - b. Untwist and remove old catheter cap.
 - c. Remove small plastic covering from new injection site cap and luer lock securely to catheter tip.
 - d. Unclamp the catheter and draw back prior to flushing.
- b. If resuturing is necessary, notify licensed independent practitioner (LIP) and steri-strip the catheter to the skin until suturing can be done.
 - c. If the catheter is damaged, place clamp proximal to damaged area and notify LIP.
 - d. Groshong does not have clamp.
9. Needleless port changes require sterile technique.
 11. Alcohol swabs may be used to remove old blood or other debris from the catheter site prior to applying the antiseptic. The chlorhexidine gluconate must be allowed to dry and remain on the skin once applied to provide a lasting antimicrobial effect.
 12. Continue to maintain sterile technique.
 15. Do not change needleless components more frequently than every seven days unless necessary.
 - a. Groshong does not have clamp.
 - c. Touch only rubber end of cap to maintain sterility of end inserted into catheter tip.

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| e. Clamp catheter following flush. | e. Catheters, except for Groshongs, should always be clamped when not in use. |
| 16. Cover the catheter with a transparent dressing or sterile gauze that is secured with occlusive tape. | 16. Make sure catheter is not kinked under dressing. |

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 4/83

REVISION DATES: 10/84, 7/87, 11/88, 10/90, 7/93, 3/96, 10/97, 8/00, 10/02, 10/05, 7/07, 5/09

REVIEWED DATES: 1/09