

PROCEDURE FOR: Central Lines: Dressing Change (applies to surgically-placed lines, Peripherally Inserted Central Catheters (PICCs) and Non-Central Percutaneous Catheters)

- POLICY:**
1. Central lines will be maintained using aseptic technique.
 2. Percutaneous catheters that are not centrally placed will be managed in the same way as other central lines.
 3. Central line dressings must be occlusive. If an edge of the dressing is "rolling up" and not adherent to the skin then it is no longer occlusive. There should be no pockets of air under the dressing. The edges of a central line dressing should not be reinforced with tape. Dressings of surgically-placed catheters must be changed by any RN who observes that the dressing is no longer occlusive.
 4. Sterile gauze dressings for central lines will be changed every 48 hours. Gauze under a transparent dressing is considered a gauze dressing.
 5. Transparent dressings on both percutaneous and surgically-placed lines will be changed every 7 days. It is recommended that they be changed within the first 24 hours after insertion when there is accumulation of blood or serosanguinous drainage under the dressing. More frequent changes are needed if the dressing is no longer occlusive or if there is drainage under the dressing.
 6. Dressing changes are to be a two-person procedure in order to ensure asepsis and to prevent dislodging the catheter. PICC line dressings are to be changed by an APRN, PA or MD.
 - a. PICC line dressing changes are documented on the PICC Insertion & Maintenance Form (HCH-2046).
 7. The person performing the dressing changes must wear a cap, mask and sterile gloves. The assistant is to wear sterile gloves if the infant is in an incubator and is handling the infant through the portholes. A mask and cap will be worn by the assistant if the dressing change is being done in an open warmer or open crib.
 8. The dead end tubing for PICC lines will be changed at the same time as the dressing is changed.

EQUIPMENT: Sterile towels
Central line dressing kit
Sterile gloves - 2 pair
Sterile scissors
Transparent dressing
Mask (see policy statement #7)
Alcohol swab sticks - 2
"Dead end" tubing
Normal saline flush

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PROCEDURE:

ACTION

POINTS OF EMPHASIS

DRESSING CHANGE PROCEDURE:

1. Gather equipment and prepare a clean surface for set-up of sterile field.
 2. Wash hands.
 3. Don cap.
 4. Open sterile towels and aseptically place on the clean surface to create a sterile field.
 5. Open central line kit and remove mask and sterile gloves. Place other contents of central line kit onto the sterile field.
 6. Put on mask (from central line kit) and sterile gloves.
 7. Set up sterile field; open packages of antiseptic swabs and organize supplies in the order of use. If a PICC dressing is being changed, prime the dead end tubing with normal saline.
 8. Have assistant position infant for the dressing change procedure so that the central line site is readily accessible and there is sufficient light for site assessment.
 - a. The assistant securely holds the infant once the procedure is started and attends to the comfort of the infant.
 9. Remove the old dressing carefully. First, remove any tape that is securing the catheter one strip at a time, being careful not to pull on the catheter.
4. Handle only the underside or edge of the towels. Avoid shaking the towels to open.
 7. Traffic around the sterile field needs to be minimized. Every effort should be made to avoid distracting the person who is performing the dressing change.
 - a. Alcohol swabs that are not part of the central line dressing kit will need to be opened before application of sterile gloves.
 8. The assistant wears a mask and cap if the infant is in an open warmer or open crib. The assistant always wears sterile gloves.
 9. Sterile gloves are worn in the event of inadvertent touching of the catheter site.

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- a. Remove the transparent dressing by detaching the opposite corners of the dressing on the diagonal and pulling on the diagonal to release the bonds of the dressing.
- a. This will increase the ease of removal of the dressing.
- b. Caution must be used to avoid dislodging or breaking a PICC line.
10. Assess the catheter site for erythema, induration, drainage, odor. Assess the integrity of the catheter.
11. Change sterile gloves.
12. Cleanse the catheter site (including the catheter) with 3 alcohol swab sticks. Cleanse from the catheter outward to a distance of about 2.5cm using a circular motion. Change the swab stick with each pass. Allow the alcohol to air dry.
13. Cleanse the catheter site (including the catheter) with 3 Povidone Iodine swab sticks. Cleanse from the catheter outward to a distance of about 2.5cm using a circular motion. Change the swab stick with each pass. Allow the Povidone Iodine to remain on the skin for at least 30 seconds.
13. Do not wash the Povidone Iodine off the skin prior to application of the dressing. A sterile gauze may be used to gently blot Povidone Iodine that remains pooled on the skin after 30 seconds. Let the remaining Povidone Iodine dry completely.
14. If necessary, stabilize the catheter with steri-strips; cut to size as needed.
15. Apply dressing:
 - a. Do not use antibacterial ointment - may predispose to fungal overgrowth.
 - b. Do not use benzoin for adherence.
 - c. If the catheter length is sufficient, the catheter may be looped under the dressing to reduce the risk of catheter dislodgement prior to granulation of the cuff (for surgically-placed catheters).

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16. For gauze dressing:
- a. Place a sterile folded 2x2 over the site. Tape the gauze dressing on all sides with a non-porous tape or cover with a transparent dressing to create an occlusive dressing.
 - b. Document the date of the dressing change or next date due on the Nursing Kardex.
17. For transparent dressing:
- a. Apply transparent dressing smoothly over the catheter, avoiding wrinkling and air pockets under the dressing. The catheter below the dressing may be secured with tape to prevent tension on the catheter.
 - b. Label the dressing with date, time and initials. Document the date of the dressing change or next date due on the Nursing Kardex.
16. A transparent dressing over gauze is considered a gauze dressing.
17. Avoid taping over the transparent dressing - you may not be able to remove the tape without removing the dressing.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 1/86

REVISION DATES: 8/87, 12/87, 6/88, 11/89, 5/90, 4/91, 3/92, 5/92, 11/94, 2/96, 6/99, 11/99, 7/01, 10/01, 2/03, 1/05, 7/07, 11/08, 9/09