

PROCEDURE FOR: Central Venous Lines: Blood Drawing (applies only to surgically placed Central Venous Catheters)

- POLICY:**
1. Central lines will be maintained using aseptic technique and in a manner which prevents air from entering the system. Under no circumstances should central lines be opened to air.
 2. Always clamp the line before the line is opened. Keep the line clamped until continuity of the system or system closure are reestablished.
 3. Blood may be drawn from a Broviac or other surgically-placed central line only when there is a written order.
 - a. Blood specimens for newborn metabolic screen filter paper tests can not routinely be drawn from any indwelling line. In infants that are likely to be transfused, blood may be drawn from umbilical catheters at the time of catheter placement.
 4. Platelet transfusions should not be infused into central catheters unless there is an emergency situation and no available peripheral access.
 5. Chlorhexidine gluconate/alcohol pads are to be used only on tubing. They are not to be used on infant's skin.

EQUIPMENT: BLOOD DRAWING
Chlorhexidine gluconate (CHG) pads (5 total)
3ml syringe to clear tubing
3ml syringe with NS
Syringe to collect sample
Appropriate blood sample containers
Mask*
Sterile gloves
Package of sterile 4x4s for a sterile field

PROCEDURE:

- | <u>ACTION</u> | <u>POINTS OF EMPHASIS</u> |
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| 1. At the bedside, verify the identity of the infant and labs to be drawn. | |
| 2. Collect all supplies necessary to obtain blood sample. | |
| 3. Wash hands or apply alcohol based hand sanitizer. | |
| 4. Open the sterile 4x4 gauze. Keeping the 4x4s within the package, place under the dead end to create a sterile field. | |
| 5. Apply a mask if the infant is in an open warmer or open crib. Apply sterile gloves. | |
| 6. With the tubing still connected, swab around the connection site with 2 chlorhexidine gluconate (CHG) pads, | 6. Squeeze excess liquid from the pads before use. |

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- using a 15 second friction rub with each pad.
7. Clamp the line.
 8. Disconnect the IV tubing at the dead end site maintaining sterility of IV tubing.
 9. Swab the dead end with 2 CHG pads. Apply each pad for 15 seconds with a friction rub.
 10. Connect a 3ml syringe to the dead end. After unclamping the catheter, withdraw 2ml of blood to clear the line.
 11. Clamp the catheter.
 12. Disconnect the 3ml syringe and return to the container to maintain sterility.
 13. Connect appropriately-sized syringes for volume of blood needed for lab tests. After unclamping the catheter, slowly withdraw the required amount of blood.
 14. Clamp the catheter.
 15. Remove the syringe with the blood for the lab tests. Reconnect the syringe with the blood used to clear the line.
 16. Unclamp the catheter.
 17. Draw back on the syringe to clear any air. Slowly return blood to infant.
 18. After clamping the catheter, disconnect the syringe and attach a 3ml syringe with normal saline.
 19. Unclamp the catheter.
 20. Draw back on the syringe to clear any air. Flush the dead end slowly with 1ml normal saline.
 21. Clamp the line and remove the syringe.
 22. Swab the dead end with a CHG pad for 15 seconds using a friction rub.
 23. Reconnect the IV tubing and unclamp the catheter line.
8. The IV tubing can be capped with a sterile needle, placed in a sterile syringe container, or placed on sterile gauze.
 9. Allow CHG to air dry.
 17. Hold the syringe up so that air will float to the top of the syringe.
 22. Allow CHG to air dry.

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APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 9/07

REVISION DATES: 8/87, 12/87, 6/88, 7/89, 11/89, 5/90, 4/91, 3/92, 5/92, 11/94, 2/96, 6/99, 11/99, 7/01, 10/01, 5/03, 9/03, 12/04 (as part of procedure for Central Lines), 11/08, 9/09