

Quick Look Procedure Resource for NON-CRITICAL CARE staff

Care of a Central Line

WHEN TO PERFORM

1. Daily
2. Drug administration
3. Dressing change

HOW TO PERFORM

1) Insertion site inspection

- Inspect insertion site daily (minimum) for signs of infection/extravasation
- Document and report to ICU nurse
- Check line is secure



2) Drug administration

- Apply needle-free devices to all ports except CVP monitoring line
- BEFORE and AFTER medication administration, scrub hub with antiseptic & air dry.
- Check line patency from unused lumens by aspirating blood & return flush with 10ml 0.9% normal saline
- Check drug compatibility with ICU nurse
- Flush line with 10 mL 0.9% normal saline BEFORE, BETWEEN and AFTER drug administration



3) Dressing change

- Change if soiled, wet, no longer intact or every 7 days
- Remove old dressing using non-sterile gloves; dispose; remove gloves; decontaminate hands.
- Apply sterile gloves; aseptic clean of insertion site with antiseptic (e.g chloraprep)
- Apply sterile, transparent semi-permeable polyurethane dressing e.g. tegaderm
- Document dressing change

KEY SAFETY CONCERNS/WHEN TO CALL FOR HELP

1. Hand hygiene (BEFORE & AFTER), gloves apron, ALWAYS aseptic technique
2. Central lines are easily dislodged so be careful during turning/repositioning
3. Watch for drug precipitation – notify ICU nurse immediately
4. Use 70% alcohol if chlorhexidine allergy/sensitivity known
5. Talk to ICU nurse if line needs to be removed – requires supervision