fraserhealth

REGIONAL CVC & MIDLINE MAINTENANCE RECORD – ADULT
ACUTE & LONG-TERM CARE

Form ID: NUAS104417I Rev: July 04, 2023 Print Shop # 256764 Page: 1 of 2

☐ **Short Term CVC**
☐ **Midline**

Long Term CVC
☐ **PICC**
☐ **Tunneled CVC**
☐ **IVAD:** Access needle size _____ gauge
_____ inches

Site: _____ **Date inserted (dd/mm/yyyy):** _____
Tip placement confirmation date (dd/mm/yyyy): _____
External length on insertion: _____ cm
Trimmed / cut length: _____ cm (for proximally valved PICCs) **French size:** _____

☐ Open Ended ☐ Closed Ended ☐ Proximal Valve ☐ Distal Valve ☐ Power capable **Number of lumens:** ☐ 1 ☐ 2 ☐ 3

✓ Check to indicate task completed or **N/A** if not applicable **PN** – if further documentation in Progress Notes

Date														
Shift	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**	**D**	**N**
Time														
Daily review of need for CVC / Midline														
Patient experience acknowledged														
Patency assessment														
Site assessment														
Line measurement (cm)														
(PICCs or midlines only) Arm circumference (cm)														
FLUSH sterile **SODIUM CHLORIDE 0.9%** flush amount (mL) **chart additional flushes on Fluid Balance Sheet														
FLUSH HEPARIN 10 units/mL amount (mL)														
Dressing change (Q7 days and PRN) *dressing* last changed: _____ *IVAD non-coring needle* last changed: _____														
IV cap change (Q4 to Q7 days and PRN) last changed: _____														
Tubing change (see reverse) last changed: _____														
Initial														

Proof Only - Not Approved For use

✓ check to indicate further documentation in progress notes

Complications	Date (dd/mm/yyyy)	Initial
Catheter damage		
Catheter embolism		
Catheter infection (CLA-BSI)		
Catheter-related thrombosis/UEDVT		
Migration		
Occlusion		
Nerve injury		
Site infection		
Skin impairment (CASI)		

Catheter removal
Date:
Length:
Removed intact: ☐ Yes ☐ No
Reason for removal:
Initial:

REGIONAL CVC & MIDLINE MAINTENANCE RECORD – ADULT
ACUTE & LONG-TERM CARE

CENTRAL VENOUS CATHETER GUIDELINE RESOURCES (for more details, see IV Therapy Clinical Practice Manual)								
Type of Device	**Short Term**	**Midlines / Long Term PICC**			**Long Term Tunneled**		**Long Term IVAD**	
	Open ended, non-valved	Open ended, non-valved / midlines	Open ended, proximally valved	Closed ended, distally valved	Open ended, non-valved	Closed ended, distally valved	Open ended, non-valved	Closed ended, distally valved
1. Frequency of flush for unused lumens	Q12H	**PICCS** **Acute Care and LTC:** Q12H **Outpatients and Community:** with every use and a minimum of Q7 days **Midlines** with every use and a minimum of Q24H	**Acute Care and LTC:** Q12H **Outpatients and Community:** Minimum of Q7 days If issues with occlusions, considering increasing frequency to Q24H to Q72H.	Q7 days	**Acute Care and LTC:** Q12H **Outpatients and Community:** Minimum of Q7 days If issues with occlusions, considering increasing frequency to Q24H to Q72H.	Q7 days	Q3 months unless a history of frequent occlusion. Flush no more frequently than once a month. Q12H for accessed IVAD, (i.e., non-coring needle inserted) but not being used.	Q3 months unless a history of frequent occlusion. Flush no more frequently than once a month. Q7 days for accessed IVAD, (i.e., non-coring needle inserted) but not being used.
2. Flushed capped CVC / Midline	Sterile **SODIUM CHLORIDE 0.9%** 10 mL pre-flush and between meds, followed by 20 mL Sterile **SODIUM CHLORIDE 0.9%** post-flush Sterile **SODIUM CHLORIDE 0.9%** 20 mL when capping, after blood draw, or injection of contrast media							
3. Lock solution for final flush	Sterile **SODIUM CHLORIDE 0.9%** 20 mL In patients who have demonstrated high occlusion rates, despite increased flushing frequency and volume, and repeated unblocking with alteplase, the RN may opt to lock the CVC / Midline with 3 to 5 mL of HEPARIN 10 units/mL.						Sterile **SODIUM CHLORIDE 0.9%** 20mL followed by **HEPARIN** 10 units/mL (3 to 5 mL)	Sterile **SODIUM CHLORIDE 0.9%** 20mL
4. Patient experience	Patient, caregiver and nurse conversation acknowledging process, treatment, and overall subjective experience (e.g., insertion steps, site assessment, and/or CVC removal).							
5 Patency assessment	Before each use – patency is assessed by the ability to aspirate for blood return **and** the ability to flush a CVC without resistance prior to the administration of parenteral medications and solutions. If line is not patent, assess for an occlusion (refer to IV Therapy – Clinical Practice Manual).							
6. Site assessment	**Assess and document at beginning of each shift:** Assess that dressing is secure, dry and intact, condition of site, palpate site, and check system. **Assess Site and Connections Q4H:** Reassess site, connections, and line measurement visually and document if there are changes outside the norm or baseline. **Assess Line Measurement at the beginning of each shift and with every dressing change** *(Short-Term CVCs, Midlines, and PICCs* **only***):* **If the daily external CVC measurement is altered:** Greater than 4 cm **OUT** from the baseline insertion length or 2 cm **IN** from insertion site: STOP infusion; consult PICC RN or MRP before re-starting infusion. A PICC RN or Competency Assessed RN may "withdraw" the CVC that has gone "in" back to the original measurement. ***Upper arm circumference:** Measure daily if arm is increasing in size with discomfort (mark measurement place on arm) (refer to IV Therapy – Clinical Practice Manual).							
7. Dressing change	Initial post-insertion dressing to be a chlorhexidine (CHG) impregnated transparent semi-permeable membrane (TSM) dressing and changed Q7 days and PRN ***or*** gauze dressing Q48H and PRN. Accessed IVAD: Non-coring needle and TSM dressing change Q7 days and PRN.							
8. IV cap change	Q7 days, after a blood draw through a cap, if removed, contaminated, damaged, and PRN.							
9 Administration set changes ***always label tubing for next change date*	**Continuous infusions:** primary administration sets and secondary administration sets that are attached: Q7 days and PRN. **Intermittent infusions:** includes primary and secondary sets not attached to patient continuously: After each use, when contaminated, or to a maximum of Q24H. **Blood:** After 4 hours or after 4 units, whichever comes first, or between different blood components/products. **Parenteral Nutrition:** For infusions containing amino acids / dextrose, tubing Q24H. **Infusions containing lipid emulsion:** With each dose or a minimum of Q6H to Q12H. **IVADs:** When accessed, change the non-coring needle Q7 days when the dressing is changed.							
10. General considerations	Always use aseptic technique and observe hand hygiene. Flushes must be done with a 10mL syringe. Use turbulent flush method (stop / start). Use Chlorhexidine 2% with 70% alcohol swab sticks using crosshatch friction motion. ***Allow for complete drying before TSM application.*** *Consider using a secondary administration set with a continuously running IV at TKO when repeated accesses to the system are anticipated (i.e., TID or greater).*							
11. Complications	**Refer to IV Therapy – Clinical Practice Manual for further guidance on treatment options.							
12. Removal	If catheter not removed intact indicate embolism or breakage in 'Complications' section. Further documentation required in progress notes.							

Proof Only – Not Approved For use