fraserhealth

REGIONAL CVC & MIDLINE MAINTENANCE RECORD – OUTPATIENT

Form ID: NUAS105967E Rev: July 04, 2023

☐ **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 and correct line placement confirmed														
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 IV Flow 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														

✓ 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:

Proof Only - Not Approved For use

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CENTRAL VENOUS CATHETER GUIDELINE RESOURCES
(for more details, see IV Therapy – Clinical Practice Manual)

Type of device	PICC			Tunneled		IVAD	
	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. Flush	Sterile **SODIUM CHLORIDE 0.9%** 10 mL pre-flush and between meds, 20 mL post flush, capping, after blood draw, or after injection of contrast media						
2. Frequency of flush for unused lumens	**PICCs** Q12H **Midlines** with every use and a minimum of Q24H	Q7 days If issues with occlusions, considering increasing frequency to Q24H to Q72H.	Q7 days	Q7 days If issues with occlusions, considering increasing frequency to Q24H to Q72H.	Q7 days	Q12H for accessed IVAD, (i.e., non-coring needle inserted) but not being used. Not accessed / not in use: Flush every 3 months unless patient has a history of frequent occlusions. Flush no more frequently than once per month.	Q7 days for accessed IVAD, (i.e., non-coring needle inserted) but not being used. Not accessed / not in use: Flush every 3 months unless patient has a history of frequent occlusions. Flush no more frequently than once per month.
3. Solution for final flush (lock solution)	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	All CVCs and midlines must be assessed for patency before each use (the ability to aspirate for blood return **and** the ability to flush without resistance prior to the administration of parenteral medications and solutions). If line is not patent, assess for an occlusion (refer to guideline).						
6. Site assessment	**Assess and document each patient visit:** Assess that dressing is secure, dry and intact, condition of site, palpate site, and check system. **Assess line measurement** (the number of cm visible of the catheter visible from insertion site to catheter hub) with each visit and *arm circumference (only for PICCs). **If the daily external CVC measurement is altered:** Greater than 4 cm **OUT** from the baseline insertion length: STOP infusion, reconfirm placement with CXR and consult with PICC RN or MRP before re-starting infusion **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 back to the original measurement.						
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.			TSM Q7 days and PRN **or** Gauze Q48H and PRN. Once catheter well healed, no dressing needed		**Post insertion:** Gauze dressing Q48H and PRN. **If accessed:** Non-coring needle and TSM dressing change Q7 days and PRN.	
8. IV cap change	Q4 to Q7 days and change after a blood draw, if removed, contaminated, damaged, and PRN.						
9. Administration set changes ***always label tubing for next change date*	**Primary infusion sets:** Q7 days and PRN. **IVADs:** When accessed, change the non-coring needle Q7 days when the dressing is changed. **Intermittent infusion sets (with no Primary Administration Setup):** A minimum of Q24H, when contaminated, and after each use. **Secondary administration sets:** 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.						
10. Complications	**Refer to IV Therapy – Clinical Practice Manual for further guidance on treatment options.						
11. Removal	If catheter not removed intact indicate embolism or breakage in 'Complications' section. Further documentation required in progress notes.						

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