fraserhealth

REGIONAL CVC MAINTENANCE RECORD – PEDIATRIC

☐ **Short Term CVC**

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														
Patient experience acknowledged														
Patency assessment														
Site assessment														
Line measurement (cm)														
(PICCs 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														

✓ 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 MAINTENANCE RECORD – PEDIATRIC

CENTRAL VENOUS CATHETER GUIDELINE RESOURCES

(for more details, see IV Therapy – Clinical Practice Manual)

Type of Device	Short Term CVC (Open Ended and Non-Valved)	Long Term PICC (Open-Ended and Non-Valved)	Long Term Tunneled (Open ended and Non-Valved)	Long Term IVAD (Open- ended and Non-Valved)
1. Flush solution and amount Pre-flush, flush between meds, and after blood draw or injection of contrast media	Sterile **SODIUM CHLORIDE 0.9%** 3 mL	Patient *less* than 10 kg Sterile **SODIUM CHLORIDE 0.9%** – 3 mL		Patient *less* than 10 kg Sterile **SODIUM CHLORIDE 0.9% –** 9 mL
		Patient *greater* than 10 kg Sterile **SODIUM CHLORIDE 0.9%** – 9 mL		Patient *greater* than 10 kg Sterile **SODIUM CHLORIDE 0.9%** – 18 mL
2. Frequency of flush for unused lumens	Q24H	Q24H	At least 2 times per week	**De-accessed IVAD:** Once a month **Accessed IVAD:** At least 1-2 times per week (i.e., non-coring needle inserted but no continuous infusion).
3. Lock solution and amount	Sterile **SODIUM CHLORIDE 0.9%** 3 mL followed by 1.5 mL (15 units) of **HEPARIN** 10 units/mL	Sterile **SODIUM CHLORIDE 0.9%** 3 mL followed by 1.5 mL (15 units) of **HEPARIN** 10 units/mL		Sterile **SODIUM CHLORIDE 0.9%** – 9 mL followed by 2.5 mL (25 units) **HEPARIN** 10 units/mL
4. 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.			**Post insertion:** Gauze dressing Q24H to Q48H and PRN. **Accessed IVAD:** Non-coring needle and TSM dressing change Q7 days and PRN.
5. Patient experience	Patient, caregiver and nurse conversation acknowledging process, treatment, and overall subjective experience (e.g., insertion steps, site assessment, and/or CVC removal).			
6. 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).			
7. 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 Q1H:** 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 and PICCs* **only***):* **If the daily external CVC measurement is altered:** Greater than 1 cm **OUT** 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. ***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).			
8. IV cap change	Q4 to Q7 days, after a blood draw through a cap, if removed, contaminated, damaged, and PRN. ***Alcohol impregnated caps **should not** be used for children under the chronological or developmental age of 4, unless it is safe to do so.			
9. Administration set changes	**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.			
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 cleansing solution in single-use packages using friction motion. *Allow for complete drying before TSM application.*			
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.			