

Is a Central Venous Catheter (CVC) clinically indicated for this patient?

When inserting a CVC ensure that

The environment is suitable for undertaking an aseptic procedure, free from non-essential items and has adequate lighting and privacy	CVC type and site selection has been clinically assessed and local policies are followed for insertion site	Any re-usable equipment (e.g. procedure trolley) is prepared prior to insertion and has been decontaminated appropriately as per NIPCM	All aseptic procedural equipment is inspected for product integrity, cleanliness and within the expiry date	Surgical hand antisepsis (surgical scrub) is performed immediately before donning maximal sterile barrier precautions (i.e. headwear, FRSM, sterile gown and sterile gloves)	A sterile body drape is applied and aseptic technique is maintained throughout the procedure	An appropriate sterile single use skin antiseptic is used for skin preparation of the insertion site based on individual patient assessment. Allow to dry according to manufacturer's instructions	A sterile transparent, semi-permeable dressing is used to cover the catheter insertion site. The site should remain visible*
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When maintaining an inserted CVC ensure that

The clinical need for the CVC is reviewed and recorded at least daily and prior to access	Standard aseptic technique is used for maintenance of CVCs	Maximal sterile barrier precautions are used for dressing changes	The CVC dressing (where clinically indicated) is assessed visually for complications at least daily and prior to use of the CVC	A sterile single-use appropriate antiseptic is used based on individual patient clinical assessment to clean the insertion site prior to performing dressing changes	A single use skin antiseptic containing 2% chlorhexidine in 70% isopropyl alcohol** is used to clean the access hub prior to use - "scrub the hub" for 15 seconds. Allow to dry according to manufacturer's instructions	The dressing is changed immediately, if visibly soiled, loose or skin integrity compromised. Routine dressing changes in neonates should not be performed if the dressing remain intact	The CVC is removed when clinically indicated (i.e. there are signs of inflammation or when no longer required). A sterile semi transparent dressing is in place and assessed for adverse reactions until fully healed
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*if a sterile gauze dressing is used because of bleeding/oozing, this must be changed every 24 hours or sooner if soiled. Gauze dressings must be replaced with sterile, transparent semi-permeable dressing as soon as possible.

**if chlorhexidine is contraindicated, an antiseptic used should be based on individual patient assessment. The compatibility of connectors/ parts with disinfection agents should be checked via manufacturer's instructions.