

Write or affix label

Name:  
Address:

CHI:  
DOB:  
Hospital & Ward:

## Adult Central Venous Cannula (CVC) Insertion & Maintenance – General wards\*

Please complete insertion details for each CVC inserted  
**Care & maintenance to be undertaken & documentation completed each day.**  
(if CVC in longer than 7 days please use a further CVC Insertion & maintenance document as continuation to evidence maintenance)  
\*critical care areas will have existing insertion & maintenance bundles in use

### Insertion – When inserting a CVC ensure that:

1. Surgical scrub is performed before application of maximal sterile barrier precautions.
2. Sterile barrier precautions are used: hat, mask, sterile gown & sterile gloves (Operator & Assistant).
3. Sterile drape used to cover whole patient.
4. Aseptic technique maintained throughout insertion procedure.
5. Skin prepared by decontamination of the insertion site using 2% Chlorhexidine gluconate in 70% isopropyl alcohol and allowed to dry completely.
6. The Subclavian site is used if possible or internal jugular\* vein. (The femoral site should be avoided whenever possible- if used record in variance section). [\*I] vein is the preferred site for CVC insertion by NHSGGC clinicians. This is in alignment with NHSGGC policy.]
7. A sterile, transparent semi-permeable dressing is used to cover the catheter site.

Good practice includes the documenting of the date & time of CVC insertion. This provides a baseline for ongoing catheter maintenance and to enable timely line removal when clinically no longer required.

### CVC insertion details – please record any variances in section below

Where inserted: ED <input type="checkbox"/> Theatre <input type="checkbox"/> ITU/HDU <input type="checkbox"/> Interventional Radiology <input type="checkbox"/>		Date/time inserted	Insertion site	<input type="checkbox"/> Emergency <input type="checkbox"/> Elective	Inserted by (Name & Designation)	
Ward/other _____						
<b>Clinical indication</b>	IV Fluids/IV Medication <input type="checkbox"/>	Chemotherapy <input type="checkbox"/>	Urgent access <input type="checkbox"/>	Total Parenteral Nutrition <input type="checkbox"/>	Haemodialysis <input type="checkbox"/>	Other Please state:
Insertion Criteria (If no: please explain in variance section below)	1. Surgical scrub Yes <input type="checkbox"/> No <input type="checkbox"/>	2. & 3. Maximal sterile barrier precautions Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Aseptic technique Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Skin prep Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Subclavian or IJ vein used Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Sterile transparent semi-permeable dressing affixed Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Type of CVC (Tunnelled/Non-tunnelled) please record</b>		Real time Ultrasound Guidance Yes <input type="checkbox"/> No <input type="checkbox"/>		If used: Guidewire removed & intact Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Position tip confirmed by Chest X-ray (if applicable) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Needle free device placed on end port(s)</b> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> (As per GGC protocol)						
Has there been more than one puncture attempt? Yes <input type="checkbox"/> No <input type="checkbox"/>						
If yes						

### Variance recording:

<b>Maintenance – When maintaining an inserted CVC and accessing the insertion site and line ensure that:</b>										<b>CHI:</b>			
If the patient has a Haemodialysis catheter and outwith Renal service, do not use unless an emergency and contact the Renal on call team as soon as possible for advice.													
1. The requirement for the CVC in situ is reviewed and recorded on a daily basis.					<b>Signs and symptoms of CVC infection</b>								
2. The CVC dressing is intact. (If not intact , the dressing must be changed)													
3. The CVC dressing has been changed in the last 7 days.					<b>Local infection</b>				<b>Systemic infection</b>				
4. Chlorhexidine gluconate 2% in 70% isopropyl alcohol is used for cleaning the insertion site during dressing changes.					<ul style="list-style-type: none"> <li>Erythema / inflammation /exudate</li> <li>Hot to touch</li> <li>Pain tenderness</li> </ul>				<ul style="list-style-type: none"> <li>Hypotension</li> <li>Tachycardia</li> <li>Pyrexia</li> <li>Rigors when using the line</li> </ul>				
5. Hand hygiene is performed immediately before accessing the site or line					If lumen blocked: seek medical advice as soon as possible as this could potentiate complications.								
6. An antiseptic containing Chlorhexidine gluconate 2% in 70% isopropyl alcohol is used to clean the access hub (needle free device) for at least 15 seconds [Scrub the Hub]. Allow to dry completely before accessing line.													

**Maintenance – To be completed daily (Observe for signs and symptoms of local or systemic infection)**  
please record any variances in section below

Day & Date	Has the need for CVC been reviewed today?	Any sign of CVC infection?	The CVC dressing is intact?	Hand hygiene performed?	Exit site, line and hubs cleaned with 2% Chlorhexidine in 70% IPA	Aseptic non touch technique used?	CVC is locked/ flushed as per local guidelines	What has been done?	Date dressing due changed	Initials
Day 1 __/__/__	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>		
Day 2 __/__/__	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>		
Day 3 __/__/__	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>		
Day 4 __/__/__	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>		
Day 5 __/__/__	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>		
Day 6 __/__/__	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>		
Day 7 __/__/__	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>		

If CVC remains in situ for greater than 7 days - please use a continuation sheet to record daily maintenance

<b>Variance recording:</b>											
<b>Reason for removal</b>	Exit site infection <input type="checkbox"/>	Bacteraemia <input type="checkbox"/>	Poor flow/ dysfunction <input type="checkbox"/>	Leak/bleed <input type="checkbox"/>	End of treatment <input type="checkbox"/>	Other:					

If infection suspected, the catheter tip should be sent to Microbiology for culture & sensitivity