



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Neonatal Intensive Care Unit (NICU)		
Document:	Departmental Policy and Procedure		
Title:	Central Venous Line - Changing Fluids and Tubing for Neonate		
Applies To:	All NICU Staff		
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1. PURPOSE:

- 1.1 To describe the procedure for changing intravenous fluids and tubing in central intravenous sites.

2. DEFINITIONS:

- 2.1 **Central venous catheter (CVC)** is a catheter placed into a large vein. Catheters can be placed in veins in the neck (internal jugular vein), chest (subclavian vein or axillary vein), groin (femoral vein), or through veins in the arms (also known as a PICC line, or peripherally inserted central catheters).

3. POLICY:

- 3.1 Sterile Technique must be followed while changing fluids and tubing.
- 3.2 Physician should be notified of abnormal findings.

4. PROCEDURE:

- 4.1 Check the IV fluid against physician's order.
- 4.2 Both nurses will don masks and gloves.
- 4.3 Bedside nurse will open the gown package in sterile fashion, donning gown/ gloves and will save the gown packaging to be used as the sterile field.
- 4.4 The assistant will open the IV tubing system in sterile fashion and place on the sterile field.
- 4.5 Bedside nurse will connect a triple connector to the IV tubing if more than one solution is infusing through the site. Extra triple ports must be flushed with normal saline, clamped and capped with leur lock caps to prevent air pockets or bubbles from forming during fluid priming.
- 4.6 The bedside nurse will spike the IV fluids with the help of the assistant.
- 4.7 Under sterile conditions, fill the buretrol with fluid by gently squeezing the buretrol and drip chamber and purging the IV fluid through the tubing.
- 4.8 The assistant will disconnect the old IV tubing from the positive flow cap on the central catheter.
- 4.9 The bedside nurse will clean the positive flow cap with alcohol for 10 seconds, allowing the alcohol to dry before connecting the new IV tube to the central catheter.
- 4.10 At this point, the sterile procedure is complete. The assistant will attach the tubing to the IV administration pump and set the rate and volume of fluid to be infused. Clear the previous volume infused on the pump prior to administration if a new type of fluid is being hung.
- 4.11 Central line IV tubing will be changed every 24 hours.
- 4.12 All solutions infused via central lines must be infused via a neonatal IV pump.
- 4.13 Blood/ blood products may be given through the central line with a physician's order.
- 4.14 Documentation:
 - 4.14.1 The bedside nurse will record the condition of the site and dressing when changing the IV fluids.
 - 4.14.2 Place initials, date and time on the pharmacy label of the IV fluid being hung or create a label if using stock IV fluids.
 - 4.14.3 If hanging TPN, place the pharmacy label on the back of the original TPN order.
 - 4.14.4 Date and initial the IV fluid change on the MAR.

4.14.5 Label triple connectors, IV tubing and medication pumps with the name of the IV fluids.

5. MATERIAL AND EQUIPMENT:

- 5.1 IV tubing system in sterile packages with filters
- 5.2 Triple connector extension set if needed
- 5.3 Micro bore tubing for medication line if needed
- 5.4 2 hats and 2 masks
- 5.5 Sterile gown and gloves for bedside nurse, clean gloves for assistant
- 5.6 Alcohol swabs
- 5.7 Needleless caps for triple connector if used

6. RESPONSIBILITIES:

- 6.1 Physician
- 6.2 Nurse

7. APPENDICES:

N/A

8. REFERENCES:

- 8.1 Ministry of Health, Policies and Procedures in Neonatology, Guidelines for neonatal care, page no:182-183.

9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Afrah Saud Al Shammari	NICU Head Nurse		January 05, 2025
Prepared by:	Dr. Falah Nabhan Al Shammari	NICU Quality Coordinator		January 05, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 07, 2025
Reviewed by:	Dr. Sarhan Hamdan Al Shammari	NICU Head of the Department		January 08, 2025
Reviewed by:	Mr. Abdulellah Ayed Al Mutairi	QM&PS Director		January 09, 2025
Reviewed by:	Dr. Tamer Mohamed Naguib	Medical Director		January 12, 2025
Approved by:	Mr. Fahad Hazam Al - Shammari	Hospital Director		January 19, 2025