



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-Dressing Change		
Applies To:	All NICU Staff		
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1. PURPOSE:

- 1.1 To describe the procedure for safely changing the central line dressing and noting the condition of the IV site.

2. DEFINITIONS:

- 2.1 **Central Venous Line** - 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). It is used to administer medication or fluids that are unable to be taken by mouth or would harm a smaller peripheral vein, obtain blood tests (specifically the "central venous oxygen saturation"), and measure central venous pressure.

3. POLICY:

- 3.1 Central venous line dressings will be changed when needed.
- 3.2 Line changes and dressing changes should be done at the same time if possible.
- 3.3 If the insertion site appears infected and/or there is drainage, a culture will be done and sent to the lab after physician is being informed.

4. PROCEDURE:

- 4.1 Perform hand hygiene according to unit protocol.
- 4.2 The assistant will position the newborn supine and gently restrain as needed (CVC dressing is a 2 nurse procedure to maintain sterility).
- 4.3 Don mask and hat and prepare the sterile field.
- 4.4 Don sterile gloves and place the sterile drape around the central venous catheter site/ under the extremity if PICC line is the central venous line.
- 4.5 Remove the old central venous line dressing and inspect the catheter site carefully.
 - 4.5.1 Note external catheter length.
 - 4.5.2 Assess for kinks, tension or damage.
 - 4.5.3 Assess insertion site and surrounding for erythema, drainage, bleeding, edema, and phlebitis and skin breakdown.
 - 4.5.4 Note any drainage or leaking. If there is drainage and/ or the site appears infected, notify the physician and obtain an order for culture.
- 4.6 Discard gloves and don a fresh pair of sterile gloves.
- 4.7 Clean the site with sterile gauze and normal saline if residue is present.
- 4.8 Clean the site/ skin at and around insertion site, working outward in concentric circles using chlorhexidine. Repeat three times using a new swab each time.
- 4.9 Allow the preparation to dry. Cut the gauze halfway across and place around the catheter.
- 4.10 Cover the remainder of the external catheter length, not including the hub, with sterile gauze and ensure that there is no kinking or stretching of the catheter under the dressing.
- 4.11 Cover the gauze with a semi permeable transparent dressing.

- 4.12 Label the dressing with date and the initials of the nurse changing the dressing.
- 4.17 Secure intravenous tubing with tape to prevent tension on the central catheter.
- 4.18 Central line dressings will be changed once per week or replaced when the dressing becomes damp, soiled or loose.
- 4.19 The tubing should be changed at the same time the dressing change is due.
- 4.20 Documentation:
 - 4.20.1 The bedside nurse will record the condition of the site, presence of any drainage on the dressing.
 - 4.20.2 The use of comfort measures and the newborn's tolerance of the procedure.

5. MATERIAL AND EQUIPMENT:

- 5.1 Transparent dressing
- 5.2 Sterile drapes
- 5.3 Chlorhexidine swabs
- 5.4 Masks and caps
- 5.5 Sterile gloves and gown
- 5.6 Sterile gauze
- 5.7 Sterile normal saline

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:184-185.
- 8.2 https://en.wikipedia.org/wiki/Central_venous_catheter

9. APPROVALS:

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