

Central Line Reference Guide

WHAT?	HOW?	WHEN?	WHY?
Dressing Change	Aseptic technique Sterile dressing change kit Clear dressings without gauze underneath Gauze and Tape for patients with skin irritation Stat-Lock securement device Label with Date, Time, Initials	Every 7 days or when dressing is loose, wet or soiled (Saturday Night Shift or Sunday Day Shift) Gauze dressings changed every 48 hrs Stat-Lock changed with dressing	Prevents catheter and site infection Clear dressing allows for visualization of the site Stat-Lock prevents catheter movement, dislodgement and phlebitis Label communicates dressing age
Site Assessment	Observe for redness, drainage, edema Palpate for tenderness Document	Every Shift and PRN	Confirmation of on going assessment Leads to faster treatment of complications
Cap/Valve Change	Aseptic technique Scrub the Hub with alcohol Each Lumen	Every 7 days	Prevents bacteria from entering catheter
Flushing	10mL NS 20mL NS after blood draw Push/Pause technique, Scrub the Hub Do not clamp Do not force or push against resistance	Every Shift, Before and After every medication, Before and After blood draws	Keeps catheter patent, prevents incompatibles from combining. Use of a clamp on the catheter would negate effect of positive pressure cap
Blood Draw	Aseptic technique SLOWLY using 10mL or larger syringe Flush with 10mL NS before and 20mL NS after	MD ordered routine lab work NO Blood Cultures from Catheter	Reduces needle sticks for patient
Accessing Cap/Valve	SCRUB the HUB with alcohol	Every time you enter the cap/valve to flush or connect any tubing	Prevents bacteria from traveling into the line from the outside
Assess Need for Line	Evaluate need for ongoing IV medications or fluids, discuss with MD Share evaluation of need in shift report with oncoming RN	Every Shift	Longer catheter dwell times lead to higher risk of infection

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