

**VASCULAR ACCESS DRESSING CHANGE**

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Picc:** \_\_\_\_\_

**Midline:** \_\_\_\_\_

**Reason for change:** \_\_\_\_\_

**Location of catheter:** \_\_\_\_\_

**Statlock changed:** \_\_\_\_\_

**Caps Changed:** \_\_\_\_\_

**# of lumens:** \_\_\_\_\_

**All flushed without difficulty:** \_\_\_\_\_

**All with good blood return:** \_\_\_\_\_

**Dressing change kit used:** \_\_\_\_\_

**External catheter** \_\_\_\_\_ **cm**

**Any pain, swelling, redness or drainage noted:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Signature/title** \_\_\_\_\_

**Print Name** \_\_\_\_\_



Mercy Fitzgerald Hospital

VASCULAR DRESSING CHANGE  
NS520 5/29/07