

Central Venous Catheter Insertion and Maintenance [1117]

For PICC Line or Implanted Port

Nursing Care

<input type="checkbox"/> Change dressing: PICC	Routine, Once Change every 7 days and as needed; If sponge/gauze applied under dressing, then change dressing every 48 hrs. Only reapply gauze dressing if site is actively draining.
<input type="checkbox"/> Change dressing: Port-a-cath	Routine, Weekly Port-a-cath dressing is changed ONLY when non-coring needle is changed every 7 days and as needed.
<input type="checkbox"/> Central Venous Catheter has CT Scan capability- Contrast media via lumens designated for power contrast only.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Needleless Connector	Routine, Weekly Replace needleless connector with each IV blood draw, IV tubing change, TPN tubing change, and as needed
<input type="checkbox"/> Replace StatLock every 7 days	Routine, Until discontinued, Starting S
<input type="checkbox"/> Ok to use	Routine, Until discontinued, Starting S Device:

Notify MD

<input type="checkbox"/> Notify Physician if arm swelling, drainage, or other complications arise concerning the central line	Routine, Until discontinued, Starting S
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Centrally Inserted Catheter OR Temporary Dialysis Catheter

Nursing Care

<input type="checkbox"/> Change dressing	Routine, Weekly Change every 7 days and as needed; If sponge/gauze applied under dressing, then change dressing every 48 hrs. Only reapply gauze dressing if site actively draining. No dressing changes with dialysis catheters, except with physician's order.
<input type="checkbox"/> Central Venous Catheter has CT Scan capability- Contrast media via lumens designated for power contrast only.	Routine, Until discontinued, Starting S
<input type="checkbox"/> For temporary dialysis catheters ONLY: Use ONLY THE PIGTAIL for accessing.	Routine, Until discontinued, Starting S
<input type="checkbox"/> Needleless Connector	Routine, Weekly Change needless connector with each IV blood draw, IV tubing change, TPN tubing change, and as needed

Notify MD

<input type="checkbox"/> Notify Physician if arm swelling, drainage, or other complications arise concerning the central line	Routine, Until discontinued, Starting S
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Medications

IV Flush

<input type="checkbox"/> sodium chloride 0.9 % flush	10 mL, intravenous, every 8 hours Aspirate and flush every 8 hours for saline locked IV. ONLY USE 10 mL SYRINGE OR LARGER TO FLUSH LINE.
<input type="checkbox"/> sodium chloride 0.9 % flush	20 mL, intra-catheter, every 8 hours Flush Port-a-cath with 20 mL every shift. ONLY USE 10 CC OR LARGER TO FLUSH LINE.

<input type="checkbox"/> sodium chloride 0.9 % flush: 10 mL	10 mL, intravenous, PRN, line care Aspirate and flush 10 mL IV push before and after medications and as needed using turbulent method (at least once weekly for Solo PICC and Groshong). ONLY USE 10 mL SYRINGE OR LARGER TO FLUSH LINE.
<input type="checkbox"/> sodium chloride 0.9 % flush: 20 mL	20 mL, intravenous, PRN, line care Flush with 20 mLs IV push after blood withdrawals and TPN. ONLY USE 10 mL SYRINGE OR LARGER TO FLUSH LINE.

Medications - NOT HMSTC, HMM

<input type="checkbox"/> lidocaine (XYLOCAINE) 1% injection	5 mL, intradermal, once PRN, PICC line insertion
<input type="checkbox"/> alteplase (CATHFLO) for NON Quinton and Hemodialysis Catheters	1 mg, intra-catheter, once For occluded catheter port. Up to 2 doses may be used per port separated by 120 minutes.
<input type="checkbox"/> alteplase (CATHFLO) injection: For Quinton and Hemodialysis Catheters	2 mg, intra-catheter, PRN, For occluded catheter port. Up to 2 doses may be used per port separated by 120 minutes.
<input type="checkbox"/> heparin, porcine (PF) 100 unit/mL injection IMPLANTED PORT ONLY	intra-catheter, once IMPLANTED PORTS ONLY - Access with non-coring needle 3/4 inch recommended for most patients and change every 7 days and as needed. Pack with Heparin flush 500 units(100 units/ml) IV Push after final saline flush when heplocking site.

Medications - HMM Only

<input type="checkbox"/> lidocaine PF (XYLOCAINE) 1 % injection	50 mg, intradermal, once PRN, PICC line insertion
<input type="checkbox"/> diphenhydramine (BENADRYL) 1 % intradermal for lidocaine allergic patients only	25 mg, intradermal, once PRN, PICC line insertion
<input type="checkbox"/> alteplase (CATHFLO) for NON Quinton and Hemodialysis Catheters	1 mg, intra-catheter, once For occluded catheter port. Up to 2 doses may be used per port separated by 120 minutes.
<input type="checkbox"/> alteplase (CATHFLO) injection: For Quinton and Hemodialysis Catheters	2 mg, intra-catheter, PRN, For occluded catheter port. Up to 2 doses may be used per port separated by 120 minutes.
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Medications - HMSTC Only

<input type="checkbox"/> lidocaine (XYLOCAINE) 1% injection	5 mL, intradermal, once PRN, PICC line insertion
<input type="checkbox"/> alteplase (CATHFLO) for NON Quinton and Hemodialysis Catheters	1 mg, intravenous, once For occluded catheter port. Up to 2 doses may be used per port separated by 120 minutes.
<input type="checkbox"/> alteplase (CATHFLO) injection: For Quinton and Hemodialysis Catheters	2 mg, intravenous, PRN, For occluded catheter port. Up to 2 doses may be used per port separated by 120 minutes.
<input type="checkbox"/> heparin, porcine (PF) 100 unit/mL injection IMPLANTED PORT ONLY	intra-catheter, once IMPLANTED PORTS ONLY - Access with non-coring needle 3/4 inch recommended for most patients and change every 7 days and as needed. Pack with Heparin flush 500 units(100 units/ml) IV Push after final saline flush when heplocking site.

Imaging

X-Ray: Placement confirmation (to be completed by nurse)

<input type="checkbox"/> Chest 1 Vw Portable	Routine, 1 time imaging, Starting S at 1:00 AM For 1 Tip verification prior to use with x-ray or other approved verification techniques: Not required for implanted ports previously confirmed at HM
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