

Appendix 3

Central Venous Access Device (CVC) Care Bundle – Including PICC

A LOCSIP form must be undertaken for all midlines, PICCS, central lines (including renal dialysis access) inserted in UHL

Name:
Hospital number:
Ward:

Care Bundle Elements during ongoing care		
If vascular access is required for longer than seven days, a multi lumen device is not appropriate. Outside of critical care please refer to the specialist vascular access team for insertion of the most appropriate device.		
Hand Hygiene Hands must be cleaned before contact with device	Continuing Clinical Indication (Required) Need for IV access must be assessed and recorded twice daily and the device removed if no longer clinically indicated	Appropriate Device Is this the most suitable device for the patient e.g. if the patient has a multi lumen non-tunnelled device is this required, refer to Vascular Access Team for PICC assessment
Signs of Infection The device is inspected for signs of infection eg tracking, swelling or redness at insertion site and documented at least twice daily	Dressing Intact Ensure that the dressing is intact and does not obscure visual inspection of the insertion site	Administration Sets Administration sets must be labelled with the date they are due to be changed (72 hours fluid sets, 24 hours TPN, and 12 hourly for blood or according to manufacturer's guidance)
Disconnection Do not disconnect giving sets other than for disposal	Device Access Ensure key parts are protected when accessing the device. Scrub the hub with 2% chlorhexidine gluconate in 70% isopropyl alcohol for fifteen seconds and allow to dry	Occlusion prevention Do not allow IV bags to stand empty. Following use (or weekly if lumen not in use), flush with sodium chloride 0.9% for intravenous use. Use a 10 ml syringe and clamp under positive pressure.
Measurement of PICC Measure the residual length of the PICC prior to access to ensure the device has not been dislodged	Documentation Document date and time of removal, identifying grade and name of operator legibly with signature	Removal of CVAD All CVADs must be removed as soon as no longer clinically indicated.

RAID assessment: Must be completed for all devices and a VIP score to evidence observation of insertion site twice daily														
	Date:		Date:		Date:		Date:		Date:		Date:		Date:	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Required? Device used in last 12 hours (Y/N) if N remove														
Appropriate? Is this the best device for the patient? (How long is access required)														
Infected? Is there any evidence of swelling or tracking (redness) along the vein?														
Dressing? Is the dressing transparent, semi-permeable and intact?														
VIP score? Record VIP score twice daily before accessing the device														
Identification of practitioner														
RAID assessment: Must be completed for all devices and a VIP score to evidence observation of insertion site twice daily														
	Date:		Date:		Date:		Date:		Date:		Date:		Date:	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Required? Device used in last 12 hours (Y/N) if N remove														
Appropriate? Is this the best device for the patient? (How long is access required)														
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