

Care of Central Venous Access Catheters for Renal In-patients

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1.0 INTRODUCTION

Central venous catheters provide a vital access for patients on haemodialysis; it is paramount that these CVC lines are cared for by the Renal Unit and not accessed routinely by ward staff.

Renal staff assessed competent may access these dialysis catheters.

Dialysis catheters are a patient's lifeline and every line a patient has carries the risk of permanent damage to a patient's blood vessels.

2.0 AIM / PURPOSE

This protocol is to provide guidance on the care of dialysis catheters to ensure they remain patent and free from infection.

3.0 OBJECTIVES

Ward staff to be aware of protocols for care of CVC access in renal inpatients.

Renal ward staff to be assessed as competent for accessing Dialysis catheters and changing CVC dressings by Renal Teaching Sister.

Renal CVC access is restricted to use in the renal unit ONLY – can be used on the ward for drug administration or blood taking in emergency situations where no other access is available.

Renal Unit staff are to remain responsible for the care of CVC lines on all renal inpatients, providing support and advice to ward staff as necessary.

Ward staff must document in the patients' medical notes when a dialysis catheter has been accessed.

4.0 DEFINITIONS USED

CVC – central venous catheter.

Dialysis catheter: CVC line for dialysis access only

Temporary – right or left sided internal jugular, subclavian or femoral.

Tunnelled – right or left internal jugular or femoral.

Obturator – white end caps.

5.0 SPECIFIC DETAIL

Dressings

Dressings to CVC line sites are changed every 7 days or earlier if necessary.

VIP scores to recorded daily using access VIP score chart. If VIP score 1 or above, exit site to be swabbed and redressed.

CVC line exit sites are dressed with CHG chlorhexadine impregnated dressings.

Renal assessed staff can change exit site dressings or Renal unit staff can be contacted to come to the ward to change dressings between dialysis sessions if necessary, ie if dressings loose or oozing.

CVC exit sites are routinely swabbed monthly in the renal unit for M,C&S.

Gauze is wrapped around the lumens post dialysis to ensure lumen clamps remain closed and obturators are secured.

Locking CVC lines

Dialysis catheters are locked with an anti-microbial & anti-coagulant solution specific to the renal unit- CITRALOCK 30% . This solution is administered slowly, over 8-10 seconds, according to the exact volume of each lumen as per renal protocol. (The patient may experience a metallic taste in their mouth if too much is instilled- this will disappear after a few seconds)

Complete aseptic technique is used when accessing dialysis catheters.

If any dialysis CVC line has been accessed in an emergency situation, please contact the renal unit or the renal nurse on call to lock lumens appropriately. If not flushed and locked correctly, there is a serious risk of loss of patency and the need for a new line insertion.

Triple lumen dialysis catheters

These CVC lines are usually temporary lines inserted into Acute renal patients.

The third lumen is for drug administration and blood taking.

This lumen must be accessed aseptically by a nurse assessed competent in accessing dialysis catheters. The renal unit can be contacted for advice.

Sepsis

If sepsis is expected in a patient with a dialysis catheter, exit site should be swabbed and sent for M,C&S.

Vancomycin is the drug of choice in haemodialysis patients and would be administered as per Vancomycin policy on the intranet.

Please note only a STAT dose of Vancomycin should be administered on the ward.

This drug does not dialyse out and all subsequent doses should be prescribed on the Renal Unit drug chart and administered in the dialysis unit dependent on vancomycin levels which are taken pre dialysis, each session.

The Renal Unit must be informed if Vancomycin has been administered to a dialysis patient.

Refer to appendices 1 & 2 regarding protocols for accessing a dialysis catheter and changing an exit site dressing.

Accessing CVC lines on the ward

The renal unit can be contacted to access the CVC line if no trained ward staff available. Ext 1673 or 3170

6.0 AUDIT

Root Cause analysis to be carried out on any patient with a CVC line who has a suspected staphylococcal bacteraemia.

7.0 REFERENCES

EPIC3 Guidelines 2013.