The Shrewsbury and Telford Hospital NHS
NHS Trust

CLINICAL GUIDELINES FOR CENTRAL VENOUS CATHETER DRESSING PROCEDURE

Lead Clinician:	**Doctor SP Davies**
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1.0 INTRODUCTION

Ensuring that patients receive care that is evidence based is an essential element of delivering high-quality health care. To keep central venous catheter secure and reduce the chance of infection it is important to follow the correct catheter dressing procedure adhering to Epic 3 guidelines

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2.0 AIM / PURPOSE

1. To give clear guidelines which are available to all haemodialysis staff working within SaTH renal units.
2. To improve patient out comes and therefore improve morbidity factors which are connected with Haemodialysis central venous catheters.

2.0 OBJECTIVES

To give clear concise instructions

3.0 Definitions used

CVC (Central venous Catheter)
MC&S (Microscopy culture and sensitivity)
RCA (Root cause analysis)
VIP (Visible Infusion Phlebitis Score)

4.0 SPECIFIC DETAIL

According to best practice guidelines the CVC dressing should be change every 7 days or sooner if dressing becomes soiled or loose. Using latest exit site scouring tool the VIP score must be documented each dialysis session see appendices' 1

- Wash hands and prepare sterile field
- Remove old dressing, taking care not to dislodge CVC
- Take swab and send for MC&S if indicated
- Use a single-use application of 2%chlorhexidine gluconate in 70% isopropyl alcohol (or povidone iodine in alcohol for patients with sensitivity to chlorhexidine) to clean the exit site, **and allow to air dry.**

- Be aware of risk of the potential for an anaphylactic reaction to chlorhexidine. Ensure that no known allergies are recorded in patient's notes. Report allergic reactions to MHRA (Medicines and Healthcare products Regulatory Agency).
- If clinical assessment indicates any risk of CVC of falling out or be at risk of mechanical movement. Then a Statlock (catheter stabilization device) should be applied.
- One 3M Tegaderm CHG dressing should be applied and sign and date dressing.
- A new line pack to be opened to access CVC and put patient on dialysis machine

5.0 Training

- Ongoing staff competency and knowledge base improvement throughout renal training and updates

6.0 AUDIT

- Monthly audit of exit site infection
- Monthly RCA of failed CVC
- Renal staff to be reassessed annually on their aseptic technique.

6.0 REFERENCES

Epic 3 guidelines : Loveday et al (2014) National Evidence-Based Guidelines for
Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 86S1 (2014)

8.0 CONTRIBUTION LIST

Consultant Nephrologists: Dr S P Davies, Dr K S Eardley, Dr R Diwakar, Dr B Ramakrishna
Operational Managers: Sr N Stockdale, Sr. Oonagh Le Maitre, Sr S Howells, and Sr K Elgar,Sr P Williams, Sr Julie Cooper.

Appendix 1

Access VIP Scoring Tool

Catheter Exit Site scoring tool

Fistula/AV Graft scoring tool

Exit site appears Healthy	No sign of infection	0	Skin integrity healthy No cannulation problems	No concerns
Slight pain or discomfort, redness, exudate, or oozing pus	Possible early signs of infection Inform nurse in-charge Send swab MC&S Consider informing Doctor	1	Any visible scabbing/marking Any redness or heat Bruising/ infiltration (blow)	Report to nurse in charge, and primary nurse
All of the above Raised Temperature Tunnel red	Review by Doctor Act on positive swab (if need be refer to MSSA policy) Send Cultures	2	Any aneurysms Extensive scabbing Infiltration (blow)	Report to Access nurse For review by surgeons
Patient unwell Obvious signs of infection Positive cultures	Removal of line	3	Any of the above and Patient unwell Raised temperature, CRP	Contact Doctor for review/ensure access nurse aware