

<b>Residential Hospice of Grey Bruce Inc.</b> Nursing Manual	<b>DIVISION:</b> Nursing  <b>CATEGORY:</b> Medications	<b>POLICY NO:</b> 1-M-10
<b>ISSUED BY:</b> Executive Director	<b>SUBJECT:</b> <b>Venous Access Devices</b>	<b>PAGE NO:</b> 1 of 1

**POLICY:**

Prior to admission to the Residential Hospice of Grey Bruce, consideration will be given to discontinuing all venous access devices (VAD/ports) with the exception of surgically implanted port-a-caths. Patients admitted with a VAD shall have the dressings changed by the RN using sterile technique only if it is to be used. The VAD will be flushed according to specific physician orders that are congruent with the type of VAD in situ. Whenever possible PICC lines will be removed either prior to admission or within 1 week after being admitted. Implanted devices not being used will not be accessed or flushed. If said devices are to be used, the following protocol will be followed.

**PROCEDURE:**

- The RN/Coordinator will obtain specific orders for the device to be flushed. The orders will reflect the type of solution, the amount of solution to be used and the frequency the VAD is to be flushed.
- The VAD dressing shall be changed using the following protocol:

**EQUIPMENT REQUIRED:**

- Sterile dressing tray
- Sterile gloves
- Non-sterile gloves
- Mask
- 3 chlorhexidine swab sticks
- 10 cc syringe with normal saline X 2
- Sterile injection cap or clave
- ¼ inch steri strips – 6
- 2 sterile 4x4 gauze squares
- 2 sterile 2x2 gauze squares
- Large tegaderm or Opsite
- Alcohol swabs
- Gripper needle (for accessing portacath only)

**PICC CATHETER:**

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1. Wash hands. Don mask. Prepare supplies. Don un-sterile gloves and carefully remove dressing working upwards, toward insertion site to prevent inadvertent dislodgement of PICC. Culture site if indicated.
2. Don sterile gloves. Cleanse insertion site with Chlorhexidine swab sticks in concentric circles. Allow to air dry.
3. If required, the stabilization wing can be removed for cleansing. Grasp the wings and pinch together. The stabilization wing will lift off of the PICC. Cleanse with a chlorhexidine swab. Allow to air dry. Replace the wing by pinching the wings together to open the tract and place around the PICC at the exit site. Ensure the PICC is enclosed in the tract and not being pinched off by the wings.
4. Secure with steri strips (1/2" x 4") applied in an "H" formation over the wing; do not allow steri strips to touch the catheter as it may sever the tubing! The tubing should be configured in an "S" to decrease the risk of pulling it out. With steri strips, chevron the hub in place
5. Cleanse the tubing. Allow to dry.
6. Apply occlusive transparent dressing.
7. Change injection cap at same time as doing the dressing.
8. Prime sterile injection cap with Normal saline.
9. With sterile gloves on, place 4x4 gauze square under injection cap and remove the existing cap. Cleanse hub with Chlorhexidine swab.
10. Apply new injection cap. Flush PICC line.

#### CENTRAL VENOUS CATHETER (HICKMAN) :

Change the dressing once weekly and/or prn.

1. Wash hands. Prepare all equipment. Don non-sterile gloves and mask. Carefully remove dressing.
  1. Don sterile gloves. Cleanse around catheter with 3 Chlorhexidine swab sticks. Allow to air dry.
  2. Cleanse catheter from exit site outwards with a chlorhexidine swab or alcohol swab and allow to air dry.
  3. Loop catheter gently to prevent pulling and secure with a transparent dressing.

#### IMPLANTED PORT:

Change dressing – if required, with needle in situ.

1. Wash hands. Prepare equipment required. Don mask and non-sterile gloves. Carefully remove the dressing to prevent dislodging the needle.
2. Apply sterile gloves. Cleanse around the needle with 3 chlorhexidine swab sticks in concentric circles. Allow to air dry.

3. Apply occlusive transparent dressing.

If VAD requires accessing or the VAD needle requires changing, do so 1x/week or as ordered.

1. Wash hands. Prepare equipment required. Don mask and sterile gloves.
2. Remove the exiting needle (if in-situ)
3. Cleanse the skin over the port site with 3 chlorhexidine swab sticks using concentric circles.
4. Gripping the edges of the port, insert the prepared (primed with normal saline) non-coring needle.
5. Remove butterfly grip from needle and apply an occlusive dressing.

**DATE APPROVED: April 2004**

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