

Adult Central Venous Cannula (CVC)
Maintenance Bundle continuation sheet- General wards
 This document should be used in conjunction with an insertion & maintenance bundle for days 1 to 7
 If the patient has a Haemodialysis catheter and outwith Renal service, do not use unless an emergency and contact the Renal on call team as soon as possible for advice.
When maintaining an inserted CVC and accessing the insertion site and line ensure that:

1. The requirement for the CVC in situ is reviewed and recorded on a daily basis.	<p style="text-align: center;">Signs and symptoms of CVC infection</p> <table border="1"> <tr> <th style="background-color: #ffffcc;">Local infection</th> <th style="background-color: #ffffcc;">Systemic infection</th> </tr> <tr> <td> <ul style="list-style-type: none"> Erythema / inflammation /exudate Hot to touch Pain tenderness </td> <td> <ul style="list-style-type: none"> Hypotension Tachycardia Pyrexia Rigors when using the line </td> </tr> </table>	Local infection	Systemic infection	<ul style="list-style-type: none"> Erythema / inflammation /exudate Hot to touch Pain tenderness 	<ul style="list-style-type: none"> Hypotension Tachycardia Pyrexia Rigors when using the line
Local infection		Systemic infection			
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2. The CVC dressing is intact. (If not intact , the dressing must be changed)					
3. The CVC dressing has been changed in the last 7 days.					
4. Chlorhexidine gluconate 2% in 70% isopropyl alcohol is used for cleaning the insertion site during dressing changes.					
5. Hand hygiene is performed immediately before accessing the site or line					
6. An antiseptic containing Chlorhexidine gluconate 2% in 70% isopropyl alcohol is used to clean the access hub (needle free device) for at least 15 seconds [Scrub the Hub]. Allow to dry completely before accessing line.	If lumen blocked: seek medical advice as soon as possible as this could potentiate complications.				

CHI:

Maintenance – To be completed daily (Observe for signs and symptoms of local or systemic infection)
 please record any variances in section below

Day (8,9 etc.) & Date	Has the need for CVC been reviewed today?	Any sign of CVC infection?	The CVC dressing is intact?	Hand hygiene performed?	Exit site, line and hubs cleaned with 2% Chlorhexidine in 70% IPA	Aseptic non touch technique used?	CVC is locked/ flushed as per local guidelines	What has been done?	Date dressing due changed	Initials
Day __/__/__	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>		
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Day __/__/__	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>		
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