Performance Checklist for Central Venous Catheter (CVC)
Lab Draw, Dressing Change, and Cap Change

Student Name: _____ Date: _____

S/U	CVC Lab Draw, Dressing Change, and Cap Change	S/U 2nd ✓	S/U 3rd ✓
	I. Verify Health Care Provider's (HCP's) orders and/or hospital policy.		
	II. Gather all needed equipment and supplies. **Lab Draw:** ▪ Alcohol pads ▪ 1- 10ml syringe or size appropriate for lab studies ▪ 2- Prefilled normal saline 10 mL flush syringes ▪ Vacutainer blood transfer device ▪ Vacutainer tubes **CL dressing and cap change:** ▪ CL Dressing change kit, clean gloves, ▪ Disposable mask for patient ▪ Sterile biopatch ▪ 3 blue injection caps (or number for amount of lines) ▪ 3 Prefilled normal saline 10 mL flush syringes.		
	III. Get Patient Ready 1. Elevate head of bed 30^0 2. Place towel or water proof pad across patient's chest.		
	CENTRAL LINE LAB DRAW		
	IV. Choose Port and Prepare 1. Assess all medications and infusions before selecting a port. 2. Select the port designated for drawing blood specimens. 3. Put on gloves 4. STOP INFUSION (if appropriate)		
	V. Performance 1. **Clean hub** - Clean port with alcohol for 15 seconds. 2. **Flush the line** - Luerlock the 10mL saline flush syringe to the port and unclamp the catheter tubing. First, aspirate to ensure that you are in the right site. Then, flush saline in to the catheter using push/pause method. 3. **Withdraw waste** – Pull back on syringe plunger until blood is seen, then withdraw 5 mL. Clamp catheter tubing and remove syringe. Waste blood by discarding syringe in biohazard receptacle. 4. **Draw specimen** – Clean hub with alcohol for 15 seconds. Luerlock new syringe to the port, unclamp tubing, withdraw volume of blood needed for the blood sample, and clamp tubing. 5. **Transfer blood to tubes –** Attach Vacutainer transfer device to syringe. 6. Insert tubes into the Vacutainer device in order of draw and transfer blood to tubes. (NOTE: Can use vacutainer when available to connect to hub of CVC, draw waste tube, then attach appropriate lab tubes.) 7. **Flush the line** – Clean port with alcohol for 15 seconds. Attach a new 10mL saline flush syringe, unclamp tubing, flush the tubing with saline using push-pause method, and clamp tubing. Remove the syringe and discard. 8. **Restart** any infusions if appropriate. 9. **Label specimen tube(s)** at the patient's bedside and place in biohazard bag. Then send to lab when finished with entire procedure.		

Revised 12/2020 SK/LG

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	CENTRAL VENOUS CATHETER CAP CHANGE AND DRESSING CHANGE		
	I. Get the Patient Ready: 1. Make sure patient is still in an upright 30-degree position that provides easy access to the insertion site and the waterproof pad is still across patient's waterproof pad is across chest 2. Apply surgical mask to patient. Have patient turn head to side opposite central line.		
	II. Get Self Ready: **1.** Open kit and put on your mask. Be sure not to contaminate kit. **2.** Put on non-sterile (clean) gloves		
	III: Perform Procedure 1. Carefully remove and discard the old transparent dressing (Tegaderm) without dislodging the catheter or contaminating the area under the dressing. This is best done by keeping a finger on top of the transparent dressing, pulling the dressing from the edges, upward toward the finger, and finally pulling the dressing toward the insertion site for final removal. Carefully remove the biopatch with the dressing.		
	2. Properly remove gloves, with soiled dressing (and biopatch) inside, & dispose of gloves		
	3. Inspect insertion site for erythema, signs of infection, stability of sutures.		
	4. Remove sterile glove pack from kit without contaminating kit and place on clean area of over-bed table. Open the glove wrapper. 5. Open biopatch and carefully drop in sterile container or on sterile glove wrapper. 6. Don sterile gloves.		
	7. Grasp chlorhexidine prep and activate. Starting at insertion site using short back and forth movements, clean site for 30 seconds, wipe off any old blood or drainage. Wipe area larger than new dressing. Wipe tubing lines from flange outward. Allow to air dry.		
	8. Pick up new sterile biopatch with sterile dominant hand and place over insertion site with the slit facing away from the patient toward the ports, the slit ends touching, and the blue side up. 9. Open new sterile transparent dressing and place over center of site and press dressing working from center outward until sealed against skin.		
	10. Remove gloves, label dressing with date, time, and initials, placing on edge of dressing so as not to conceal insertion site. **Keep your mask on.**		
	IV. Changing the injection caps: 1. Put on new non-sterile (clean) gloves. Continue to wear mask from above**.** 2. Prepare the caps: Open package, grasp cap and remove. Holding cap, screw saline flush syringe into the Luerlock and prime cap until you see fluid come from end. Place cap with syringe attached on overbed table. Prep other caps same way. (*Note: Demonstrate one cap only in lab.) 3. Make sure catheter is **clamped** before removing the cap. 4. Grasp upper hub, Remove old cap, discard. Be careful not to contaminate the sterile end of the hub. 5. Cleanse hub focusing on the connection area with alcohol for 15 seconds removing any residual blood that may be between the hub and the luerlock. 6. Attach new sterile cap to catheter hub and secure via luerlock. 7. Open clamp, flush with 10 mL normal saline using push/pause technique. 8. Close clamp on catheter and detach the flush syringe, and discard. 9. Dispose of or remove equipment and supplies. 10. Remove mask from patient and yourself.		
	V. Document and send specimen to lab 1. Assessment of the insertion site including approximation of edges, presence of sutures, staples, and condition of skin around insertion site noting any redness, edema, or drainage present. 2. Patient's response to procedure.		

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