

TRANSPARENT DRESSING CHANGE OF A CENTRAL VENOUS ACCESS DEVICE (CVAD)

- CVAD exit site to be cleaned, assessed during dressing change procedure.
- Dressing change minimum once per week using aseptic technique.
- Change dressing every 7 days and PRN if it becomes wet, dirty or loose.

What you need

- Mask (for everyone in the room within 3 feet of patient, including patient)
- Non-sterile gloves
- Sterile gloves
- Swab sticks (2 for skin + 2 for each lumen to be cleaned)
- Sterile transparent dressing (ex. Tegaderm Transparent Film Dressing)
- Sterile Gauze (1 to hold line + 1 for each swabstick)
- Sterile Protective Barrier (Cavilon)
- Hypoallergenic tape (Hypafix), if required for reinforcement
- 4 x 4 gauze, sterile
- Sterile Dressing tray, with sterile drape
- Securement device (ex. Statlock), optional
- Dedicated clean surface (table, cookie sheet), disinfected

Key points

- Recommend 2-person procedure.
- During dressing change, assess for signs of infection, irritation, leaking.
- Clean skin and line for 30 seconds each.
- Allow to dry completely, at least 2 minutes.
- Hand hygiene at appropriate times.

Steps

1. Assemble equipment.
2. Position child and explain procedure. Anyone within 3 feet must don a mask, including patient.
3. Clean dedicated work surface and position yourself so you will not turn your back to the child or the clean work area (*bed/crib is not a clean surface).
4. Perform hand hygiene and don mask.

TRANSPARENT DRESSING CHANGE OF A CENTRAL VENOUS ACCESS DEVICE (CVAD)

- CVAD exit site to be cleaned, assessed during dressing change procedure.
- Dressing change minimum once per week using aseptic technique.
- Change dressing every 7 days and PRN if it becomes wet, dirty or loose.

5. Place supplies on cleaned surface. Open sterile dressing tray on surface establishing a sterile field. Using aseptic technique, open necessary supplies onto your sterile field.
 - If swab sticks are being used, open packages and place swabs in separate compartment of the sterile dressing tray. *swabsticks are NOT sterile, must be handled with sterile gauze.
 - If Cavilon is being used, open package but keep in package to keep moist, place next to but NOT on the sterile field.
6. Perform hand hygiene and don non-sterile gloves
7. Carefully remove old dressing observing catheter exit site, surrounding skin and suture sites.
 - Do not cause tension on the catheter. Remove dressing from edge/borders of dressing towards catheter exit site, using caution to not pull-on catheter.
 - Assess for signs of infection (redness, swelling, discharge, skin breakdown).
 - If drainage is noted at insertion site, notify physician to see if culture is required.
 - DO NOT use scissors around intravenous catheters for dressing removal.
8. Remove Stat-Seal if present. Remove securement device.
9. Remove gloves, perform hand hygiene and don sterile gloves.
10. Ensure catheter is intact without cracks or leaks.
11. Carefully hold the corners of the sterile drape and place it close to the catheter leaving at least 5cm from the insertion site.
12. Lift the catheter of the CVAD using the sterile 4 x 4 and keep it elevated (2nd person).
13. Using a friction (back/forth) motion, clean skin with a 2% Chlorhexidine and 70% Alcohol swab stick working from the exit site outwards. Repeat x1 with new swabstick. Cleanse the complete area that will be under the dressing for 30 seconds. Air dry for 2 minutes. Discard swabs.
 - Never return over an area just cleaned.
 - Allowing the skin to dry for 2 minutes will ensure that the cleaning solution has adequately dried before application of the non-occlusive dressing.

TRANSPARENT DRESSING CHANGE OF A CENTRAL VENOUS ACCESS DEVICE (CVAD)

- CVAD exit site to be cleaned, assessed during dressing change procedure.
- Dressing change minimum once per week using aseptic technique.
- Change dressing every 7 days and PRN if it becomes wet, dirty or loose.

- Swabsticks are NOT sterile, must be handled using sterile gauze.
- 14.** Clean 3-4 inches of the catheter with 2% Chlorhexidine and 70% Alcohol swab stick. Repeat with second swabstick to clean all 4 sides, working from exit site out. Allow to air dry completely (minimum 30secs.).
- Use one swab stick for front side of catheter, turn it over and clean back of the catheter working from insertion site up. With the second swab stick clean right and left side.
 - Swabsticks are NOT sterile, must be handled using sterile gauze.
- 15.** Once skin is completely dry, apply Cavilon to all skin in contact with the dressing and allow to dry for at least 30 seconds.
- 16.** Position the catheter on the skin to ensure it is not twisted or kinked. The catheter should be placed in an "S" configuration (if catheter is long enough) or a wraparound coil method to prevent drag on catheter exit site. If being used, apply Stat-Seal to site if site continues to ooze blood.

"S" Configuration



Coil Method



- 17.** Apply sterile transparent dressing covering exit site and surrounding skin to facilitate constant visualization. Use warmth from gloved hand to press and remove air pockets.
- 18.** Secure the catheter where it exits the dressing with the hypafix strips (included with dressing).

TRANSPARENT DRESSING CHANGE OF A CENTRAL VENOUS ACCESS DEVICE (CVAD)

- CVAD exit site to be cleaned, assessed during dressing change procedure.
- Dressing change minimum once per week using aseptic technique.
- Change dressing every 7 days and PRN if it becomes wet, dirty or loose.

19. Secure the catheter outside of the dressing to the child's abdomen using the hypafix tape (if needed) to prevent stress at the exit site as this could compromise the dressing.
20. Dispose of equipment appropriately.
21. Remove PPE and perform hand hygiene.
22. Document and update date and time of the dressing change and confirm catheter length and position (if applicable). Label the dressing and initial.
 - Condition of skin.
 - Any change in catheter condition or length.
 - Any complications or interventions required.
 - Transparent dressing used.
 - Patient tolerance to procedure.
23. Celebrate with the child on a job well done!



CHEO uses needleless connector caps which are designed to help reduce the risk of occlusions and infections.

Caution! Curoc, caps from syringes, and packaging are choking hazards for children. Please ensure you remove these items from your work area immediately upon completion.