Focus on caring for a patient with a central venous catheter

Immediately before any manipulation of the catheter and the associated intravenous medication administration system, such as:

2a. Catheter insertion (before putting on sterile gloves), catheter removal (before putting on clean, non-sterile gloves), dressing change, drawing blood, or before preparing associated equipment for these procedures

2b. Accessing (opening) the administration set and infusion system

2c. Preparing medications for infusion into the catheter

Immediately after any task that could involve body fluid exposure, such as:

3a. Inserting or removing the catheter
3b. Drawing blood from the catheter

Key additional considerations for central intravenous catheters

1. Indication: Ensure that a central intravenous catheter is indicated. Remove the catheter when no longer needed/clinically indicated.
2. Insertion/maintenance/removal
   2.1 Avoid inserting catheters into the femoral vein.
   2.2 Prepare clean skin with an antiseptic (alcohol-based 2% chlorhexidine-gluconate preferred) before insertion.
   2.3 Use full sterile barrier precautions during insertion (cap, surgical mask, sterile gloves, sterile gown, large sterile drape).
   2.4 Replace gauze-type dressings every 2 days and transparent dressings every 7 days; replace dressings whenever visibly soiled.
2.5 Change tubing used to administer blood, blood products, chemotherapy, and fat emulsions within 24 hours of infusion start. Consider changing all other tubing every 96 hours.
2.6 Use aseptic procedure (with non-touch technique) for all catheter manipulations.
2.7 “Scrub the hub” with alcohol-based chlorhexidine-gluconate for at least 15 seconds.
3. Monitoring: Record time and date of catheter insertion, removal and dressing change, and condition (visual appearance) of the catheter skin site every day.