

Practice Update

The Center for Professional Development and Practice

Vascular Access Clinical Standards Revisions

February 2012

The standards related to vascular access and central lines have recently been updated to reflect revised recommendations from several national groups, including the Centers for Disease Control and NACHRI, and to bring standardization in practice across the system. These changes will impact all inpatient areas. The revised standards are:

- [Care of Non-Tunneled Vascular Devices \(I-112\)](#)
- [Care of Tunneled Vascular Devices: Hickman and Broviac Catheters \(I-105\)](#)
- [Implanted Port Care \(I-109\)](#)
- [Peripheral IV Insertion and Care \(I-110\)](#)
- [PICC Line: Pediatric \(I-111\)](#)

Key Changes

- **Cap change frequency** changed from 72 to **96 hours**. Note: exceptions have been identified for specific medications ([see Hang Times for Continuous Infusions](#)) and when caps cannot be cleared of blood after transfusion or blood draws.
- **Cap changes** to be performed as a sterile procedure with **sterile gloves**. Note: this is limited to central lines and not peripheral lines. ([See Clinical Clip](#))
- **Cap and tubing changes** are to be done at the same time whenever possible to minimize line disruption. These are now the same for medicated I.V. fluids, maintenance fluids, and TPN.
- **Dressing changes** are **sterile**, with sterile gloves. All participants in the dressing change, including the patient, should wear a mask. If the patient is too young for a mask an assistant should help the child to turn their head away from the procedure. ([See Clinical Clip](#))
- **Biopatch application for NICU and ICC:** Revised timing of application.
- **Implanted port access** is a sterile procedure.
- **Biopatch application with implanted ports:** Biopatch will be used under the port needle at the insertion site when ports are accessed for longer than 1 hour. Tegaderm with CHG is not an alternative to the Biopatch with implanted ports as the CHG would not have enough contact with the insertion site.

Check back next week to see what's not new but often forgotten in these standards!

Please contact a member of the work group if you have questions: Wendy Berg, Robin Huneke Rosenberg, Mary Langevin, Janet Logid, Kim Lorence, Kristen McCullough, Keri Rateliff and Melissa Steger. You may also contact your clinical educator.

