



Practice Update

The Center for Professional Development and Practice 

Vascular Access Clinical Standards Revisions – Part II

February 2012

As we prepare to go-live with the revised clinical standards for vascular access and central lines on **2/28/12**, there are several items in the current standards that are not practiced consistently across patient care units. This update will highlight several of these practices.

Did you know?

- If a patient has a **double lumen central catheter** or **double port**, you should **alternate** lumens/ports when giving antibiotic doses.
- **Double ports** should be accessed at the same time and are treated as two separate devices for site care and dressings. Blood cultures, if ordered, are sent from both ports.
- **Tunneled catheter (Hickman and Broviac) exit sites** should be covered with a chlorhexidine impregnated product and transparent dressing (e.g. Tegaderm) during the entire inpatient stay, unless the patient is sensitive to either product.
- It's not advised to leave an occluded lumen non-functional due to increased risk of central line infection.
- **Gauze dressings** covered with Tegaderm are changed every 48 hours.
- **I.V. push medications** given through a central vascular device should be given with a 10 ml or larger syringe. Smaller syringes can generate higher pressures that could rupture the line. Exception: Chemo (prior to administering a medication with a smaller syringe, there must be visible blood return from the device using a 10 ml syringe).
- **Chlorhexadine** should be allowed to dry completely before applying dressings or connecting I.V. caps, tubing, etc. Chlorhexidine can cause increased skin irritation and breakdown if a dressing is applied before the product is dry, and tubing will become bonded or stick if connected before chlorhexidine is dry.
- **Label** newly inserted lines to correspond to the EMR vascular access band to decrease confusion and improve tracking.

Please contact a member of the work group with 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.