

AFFIX PATIENT LABEL HERE

MIDLINE CATHETER (MC)/ CENTRAL VENOUS ACCESS DEVICE (CVAD) care bundle

Maintenance bundle to be completed am and pm shifts

Type of device (Please tick ✓ the relevant MC/ CVAD option)	Non -Tunnelled Lines	Peripherally Inserted Central Catheter (PICC) <input type="checkbox"/>	Central Venous Catheter (CVC) <input type="checkbox"/>	Midline Catheter <input type="checkbox"/>		
	Tunnelled Lines <input type="checkbox"/> Type:	Implanted Port <input type="checkbox"/>		Hemodialysis Catheter <input type="checkbox"/>		
Clinical indication (Please tick ✓ the relevant indication)	Diagnostics <input type="checkbox"/>	Resuscitation <input type="checkbox"/>	Intravenous (IV) Medication <input type="checkbox"/>	IV Fluids <input type="checkbox"/>	Chemotherapy <input type="checkbox"/>	Other
Device insertion date:	Location of insertion:	Inserted by:	Insertion site:	Insertion checklist completed:		

All intravenous medications should be reviewed daily and stopped or changed to suitable oral preparation as soon as possible - IV to PO switch. Observe for signs and symptoms of local or systemic infection. Record any variances and actions taken in comment section below

Signs and symptoms of infection	REMEMBER:	DATE																		
		Shift AM/PM		AM		PM		AM		PM		AM		PM						
Local infection	Scrub the hub for 30 seconds before access Replace needleless bungs per local policy Replace dressing every 7 days or as appropriate	Time																		
Erythema / inflammation /exudate Hot to touch Pain tenderness		Line Day																		
Systemic infection		Dressing changed																		
Hypotension Tachycardia Pyrexia Rigors		Needless bungs changed																		
		Non-coring needle changed																		

If lumen blocked: seek medical advice as soon as possible as this could potentiate complications.

1	Assess the need for MC/CVAD on each shift? (assess medications for IV to PO switch)																			
2	Hand Hygiene is performed (before and after contact with the device or insertion site).																			
3	Aseptic technique - for all access and care procedures																			
4	Site inspection and dressing care - assess for signs of infection. Is dressing clean, dry, and intact. (Use sterile, transparent semipermeable dressings and where applicable chlorhexidine dressings and change every 7 days or sooner, as required)																			
5	Skin antiseptics with appropriate disinfectant (single-use application of 2% chlorhexidine gluconate in 70% isopropyl alcohol or povidone iodine in alcohol for patients with sensitivity/or contraindication to chlorhexidine*).																			
6	Catheter hub and needleless connector disinfection - scrub the hub/connector with an appropriate disinfectant (for example chlorhexidine in alcohol*) for the recommended duration and allow to dry before each access																			
7	Patency - ensure device patency (regular flushing with appropriate volume and solution as per local protocol)																			
Staff Signature (initials)																				

Date	Time	Comments	Signature

Catheter manufacturer		Size (French)		Position confirmed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for line removal		
Securement device	Device <input type="checkbox"/> Sutures <input type="checkbox"/>	Final line length (cm)		Repositioning required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	End of treatment <input type="checkbox"/>	Exit site infection <input type="checkbox"/>	Blood stream infection <input type="checkbox"/>
Number of lumens		Device removed by* (specify name):				Poor flow/dysfunction <input type="checkbox"/>	Leak/bleed <input type="checkbox"/>	
Recommended line dwell time: (refer to clinical advise or device information)						Other:		

* No recommendation can be made for the safety or efficacy of chlorhexidine in infants aged less than 2 months. Healthcare workers should be aware of the risk of chlorhexidine allergy and question patients on any known allergies prior to use.