## Central Venous Catheter Insertion and Maintenance [1117] For PICC Line or Implanted Port **Nursing Care** [] Change dressing: PICC Routine, Once Change every 7 days and as needed; If sponge/gauze applied under dressing, then change dressing every 48 hrs. Only reapply gauze dressing if site is actively draining. [] Change dressing: Port-a-cath Routine, Weekly Port-a-cath dressing is changed ONLY when non-coring needle is changed every 7 days and as needed. Routine, Until discontinued, Starting S [] Central Venous Catheter has CT Scan capability-Contrast media via lumens designated for power contrast [] Needleless Connector Routine, Weekly Replace needleless connector with each IV blood draw, IV tubing change, TPN tubing change, and as needed Routine, Until discontinued, Starting S Replace StatLock every 7 days Routine, Until discontinued, Starting S [] Ok to use Device: **Notify MD** [] Notify Physician if arm swelling, drainage, or other Routine, Until discontinued, Starting S complications arise concerning the central line Centrally Inserted Catheter OR Temporary Dialysis Catheter **Nursing Care** [] Change dressing Routine, Weekly Change every 7 days and as needed; If sponge/gauze applied under dressing, then change dressing every 48 hrs. Only reapply gauze dressing if site actively draining. No dressing changes with dialysis catheters, except with physician's order. Routine, Until discontinued, Starting S [] Central Venous Catheter has CT Scan capability-Contrast media via lumens designated for power contrast only. [] For temporary dialysis catheters ONLY: Use ONLY THE Routine, Until discontinued, Starting S PIGTAIL for accessing. [] Needleless Connector Routine, Weekly Change needless connector with each IV blood draw, IV tubing change, TPN tubing change, and as needed **Notify MD** [] Notify Physician if arm swelling, drainage, or other Routine, Until discontinued, Starting S complications arise concerning the central line Medications **IV Flush** [] sodium chloride 0.9 % flush 10 mL, intravenous, every 8 hours Aspirate and flush every 8 hours for saline locked IV. ONLY USE 10 mL SYRINGE OR LARGER TO FLUSH LINE. sodium chloride 0.9 % flush 20 mL, intra-catheter, every 8 hours

Flush Port-a-cath with 20 mL every shift. ONLY USE 10 CC

OR LARGER TO FLUSH LINE.

[] sodium chloride 0.9 % flush: 10 mL	10 mL, intravenous, PRN, line care Aspirate and flush 10 mL IV push before and after medications and as needed using turbulent method (at least once weekly for Solo PICC and Groshong). ONLY USE 10 mL SYRINGE OR LARGER TO FLUSH LINE.
[] sodium chloride 0.9 % flush: 20 mL	20 mL, intravenous, PRN, line care Flush with 20 mLs IV push after blood withdrawals and TPN. ONLY USE 10 mL SYRINGE OR LARGER TO FLUSH LINE.
Medications - NOT HMSTC, HMH	
[] lidocaine (XYLOCAINE) 1% injection	5 mL, intradermal, once PRN, PICC line insertion, For 1 Doses
[] alteplase (CATHFLO) for NON Quinton and Hemodialysis Catheters	1 mg, intra-catheter, once For occluded catheter port. Up to 2 doses may be used per port separated by 120 minutes.
[] alteplase (CATHFLO) injection: For Quinton and Hemodialysis Catheters	2 mg, intra-catheter, PRN, For occluded catheter port. Up to 2 doses may be used per port separated by 120 minutes.
[] heparin, porcine (PF) 100 unit/mL injection IMPLANTED PORT ONLY	intra-catheter, once IMPLANTED PORTS ONLY - Access with non-coring needle 3/4 inch recommended for most patients and change every 7 days and as needed. Pack with Heparin flush 500 units(100 units/ml) IV Push after final saline flush when heplocking site.
Medications - HMH Only	
[] lidocaine PF (XYLOCAINE) 1 % injection	50 mg, intradermal, once PRN, PICC line insertion, For 1 Doses
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Imaging	
X-Ray: Placement confirmation (to be completed by nurse)	
[] Chest 1 Vw Portable	Routine, 1 time imaging For 1 Tip verification prior to use with x-ray or other approved verification techniques: Not required for implanted ports previously confirmed at HM