

Document 1. Care Bundles Recording Tool-Each shift

Central Venous Catheter

Use in conjunction with OLCCH (2013) Guidelines for Clinical Staff on Central Venous Access Devices & Careplan 9, 9a, 9b
 Tick ✓ each element of care bundle. To be 100% compliant all boxes must be ticked.

	Date:																			
	Time																			
Date CVC Inserted: ____ / ____ / 20__	Line Day																			
Date CVC Removed: ____ / ____ / 20__																				
Reason for line removal:																				
1. Assess the need for CVC on each shift ✘ if TPN in progress ? whether Enteral feeding/medications can commence Can oral medications be commenced Please tick																				
2. Hand hygiene is performed before and after all line maintenance/access procedures. Please tick																				
3. Appropriate ANTT Level is used Please tick ANTT Level 2: accessing if 'breaking' the line ANTT Level 3: accessing via a needle free device																				
4. CVC site intact Please tick if site normal or X if not <i>Consider the following when observing the CVC site</i> a. Normal appearance b. Redness c. Redness, tenderness d. Redness, tenderness & discharge e. Other (temperature, bleeding)																				
5. Dressing replaced within 7 days or more often if required (sterile transparent semi permeable dressing Veni-gard®/IV 3000). Change every 7 days) Please tick																				
6. Disinfection solution is used to clean the insertion site during dressing changes. (< 2 months corrected gestational age 0.5% Chlorohexidine in aqueous solution if older 2% Chlorohexidine in 70% alcohol) Please tick																				
7. Change needle free device weekly (Check date when needlefree change is due) Please tick																				
8. Alcohol hub decontamination is performed before and after each hub access.(Use OLCCH approved disinfection wipe) Please tick																				
Initials																				
NMBI PIN																				

- At the beginning of each shift complete the care bundle above.
- ✘ Under ' Assess the need for CVC ' if line not in use always place an x in the box and acknowledge the reason on the surveillance sheet.
- If non compliant with bundle re-evaluation may be required following nursing care.
- Use a ✓ in the boxes provided for a yes. An X for no

Patient Name.....

HCR no.....

Ward

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1. Assess the need for CVC each shift ✖ <i>if TPN in progress ? whether Enteral feeding/medications can commence Can oral medications be commenced</i> <i>Please tick</i>																	
2. Hand hygiene is performed before and after all line maintenance/access procedures. <i>Please tick</i>																	
3. Appropriate ANTT Level is used <i>Please tick</i> ANTT Level 2: accessing if 'breaking' the line or TPN ANTT Level 3: accessing via a needle free device																	
4. CVC site intact <i>Please tick if site normal or X if not</i> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <i>Consider the following when observing the CVC site</i> a. Normal appearance b. Redness c. Redness, tenderness d. Redness, tenderness and discharge e. Other (temperature, bleeding) </div>																	
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