

Care Bundles Recording Tool-Each shift

PERMCATH/VASCATH Catheter

Use in conjunction with OLCHC (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 LINE Inserted: ___ / ___ / 20___	Line Day																			
Date LINE Removed: ___ / ___ / 20___																				
Reason for line removal:																				
1. Assess the need for LINE on each shift if TPN in progress? whether Enteral feeding/medications can commence <i>Can oral medications be commenced</i> 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. LINE site intact Please tick if site normal or X if not Consider the following when observing the LINE site a. Normal appearance b. Redness c. Redness, tenderness d. Redness, tenderness and 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 OLCHC approved disinfection wipe) Please tick																				
Initials																				
NMBI PIN																				

- At the beginning of each shift complete the care bundle above.
- 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

Care Bundles Recording Tool-Each shift

PERMCATH/VASCATH Catheter Care Bundle

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 Line Inserted: ____ / ____ / 20__	Line Day																								
Date Line Removed: ____ / ____ / 20__																									
Reason for line removal:																									
1. Assess the need for line each shift if TPN in progress ? whether Enteral feeding/medications can commence <i>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. line site intact <i>Please tick if site normal or X if not</i> <i>Consider the following when observing the line site</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. Normal appearance</td></tr> <tr><td>b. Redness</td></tr> <tr><td>c. Redness, tenderness</td></tr> <tr><td>d. Redness, tenderness and discharge</td></tr> <tr><td>e. Other (temperature, bleeding)</td></tr> </table>	a. Normal appearance	b. Redness	c. Redness, tenderness	d. Redness, tenderness and discharge	e. Other (temperature, bleeding)																				
a. Normal appearance																									
b. Redness																									
c. Redness, tenderness																									
d. Redness, tenderness and 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) <i>Please tick</i>																									
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) <i>Please tick</i>																									
7. Change needle free device weekly <i>Please tick</i> (Check date when needlefree change is due)																									
8. Alcohol hub decontamination is performed before and after each hub access.(Use OLCCH approved disinfection wipe) <i>Please tick</i>																									
Initials																									
NMBI PIN																									

- At the beginning of each shift complete the care bundle above.
- 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