

Dressing Change: Arterial/Central Venous Line Checklist	Standard Met
1. Knowledge of quality bundle for arterial and central venous line dressing changes (q 7 days and PRN when using Tegaderm™ dressings)	<input type="checkbox"/>
2. Collects necessary equipment; central or arterial line dressing change kit, no sting barrier swabstick & chlorhexidine (CHG) swabsticks, chlorhexidine (CHG) impregnated dressing (CCTC), transparent dressing (MSICU), or dressing most appropriate for patient), sterile gloves.	<input type="checkbox"/>
3. Verifies 2 patient identifier and notifies patient of intent	<input type="checkbox"/>
4. Performs 4 moments of Hand hygiene throughout the procedure	<input type="checkbox"/>
5. Don bouffant cap, gown and face mask with shield (all included in kit)	<input type="checkbox"/>
6. Prepare tray aseptically. Use transfer forceps to add sterile supplies	<input type="checkbox"/>
7. Don non-sterile gloves to remove old dressing, using the shoveling technique with a CHG swabstick	<input type="checkbox"/>
8. Perform hand hygiene, then don sterile gloves for dressing change	<input type="checkbox"/>
9. Take first CHG swabstick and scrub from top to bottom in a vertical pattern. With second swab, repeat scrubbing from side to side in a horizontal pattern.	<input type="checkbox"/>
10. Using second swabstick, scrub catheter tubing (entire area that will lie below the dressing), flip swabstick over and scrub undersurface of tubing.	<input type="checkbox"/>
11. Allow TWO minute dry time required for the CHG	<input type="checkbox"/>
12. Prep entire area under dressing zone with no sting barrier swabstick and allow ONE minute dry time. Take care not to apply in the same area as the CHG gel pad.	<input type="checkbox"/>
13. Apply appropriate dressing to the insertion site of the central line. Do not stretch, gently press out towards edges to ensure adhesion	<input type="checkbox"/>
14. Remove none adherent film and labels dressing with date of change. Updates Kardex.	<input type="checkbox"/>
15. Update Graphic record with completion of dressing change. Record any redness or abnormal findings in the AI record and report to the physician	<input type="checkbox"/>

Name of Nurse: _____ Date: _____

Name of Observer: _____ Signature: _____