

# Maintenance Bundle for Maintenance of all Intravascular Devices

Ensure that patient and health care provider safety standards are met during this procedure including:

- Risk assessment and appropriate PPE
  - 4 Moments of Hand Hygiene
  - Two patient identification
  - Safe patient handling practices
  - Biomedical waste disposal policies
1. Confirm venous waveform for IJ, SC and femoral venous lines upon insertion and Q shift. Print and post waveform to paper chart.
  2. Review insertion date, circumstance and need for continued line use Q shift.
  3. Change lines (arterial, central venous and peripheral) inserted without full precautions (e.g. during emergency situations) within 24-48 hrs (document plan)
  4. Palpate and visually inspect site daily
  5. **Ensure that tracheostomy/ETT tapes/ties are not in contact with dressing.**
  6. Ensure catheter securement; change/remove positional lines
  7. Change transparent dressings Q7 days and PRN if soiled, integrity is disrupted, edges are curled or CHG pad feels “boggy” .
  8. Change gauze dressings daily and inspect site
  9. Apply needleless access device to all injection and blood sampling ports (connect pressure tubing directly) to catheter hub.
  10. Back flush sampling ports (into vacuum tube) after blood drawing. Replace needleless access device when soiled or blood remains present
  11. Apply new antiseptic cap to all injection and sampling ports and to the male end of any vascular tubing during temporary disconnection after each access.
  12. Scrub the hub and allow 30 second dry time before accessing ports without antiseptic cap.
  13. Flush lines thoroughly after blood sampling. Flush EACH PICC lumen with 20 ml using turbulent flushing (stop/start technique) after blood sampling or each time a locked device is accessed
  14. Routine tubing changes: a) TPN and insulin Q 24 hrs, b) blood tubing after 2 units (except rapid infuser), c) propofol bottle and tubing Q12 hrs, d) all other sets Q 96 hrs and PRN .
  15. Maintain dedicated line for TPN
  16. Don non-sterile gloves and do not touch insertion site after skin prep for venipuncture and peripheral IV insertion. Venipuncture and peripheral IVs can be source for central line infection.
  17. Maintain aseptic technique for peripheral IVs and document compliance
  18. Document assessment findings in device band of EHR.
  19. Communicate date due for dressing and IV tubing changes in Situational Awareness.
  20. Blood cultures (see procedure for blood cultures)::
    - a) Minimum of 2 sets for any culture event **from 2 different sites** (at least one venipuncture if possible, unless newly inserted lines which can be considered equivalent to a peripheral)
    - b) Line Sampling:** Change needleless access cap BEFORE drawing cultures and include discard sample UNLESS IT CONTAINS CITRATE (e.g. dialysis lines)
    - c) Include discard sample
    - d) If line > 48 hrs, send venipuncture AND line culture(s) and request “CAB” assessment. Draw and order all samples within a 15 minute timeframe and send all bottles in one bag (or bags wrapped together)
    - e) Identify catheter site and type (e.g., R IJ HD) and date of central and arterial catheter insertion (including PICC/HD lines) when ordering cultures

**Every member of the team is expected to remind others/stop procedures if any steps are overlooked.**