

Dressing Change Arterial and Central Venous Lines

Ensure 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

Before Starting:

- Assess patient's ability to maintain positioning. Obtain assistance as required
- Administer preemptive analgesia before starting procedure.
- Assist others to meet dressing change standards; correct application reduces central line infection risk and usually results in less frequent dressing changes.
- Apply CHG transparent dressing unless excessive oozing. Change Q7 days and PRN
- Use gauze dressing for oozing site and change DAILY.
- Remove hair PRN using sterile clippers BEFORE skin cleansing and draping.
- Obtain sterile Central Line and Arterial Line Dressing Tray, plus dressing, sterile gloves and Cavilon™

Dressing Change Steps:

1. Perform hand hygiene, then open dressing tray
2. Don clean bouffant, gown and mask with face shield, then perform hand hygiene
3. Prepare dressing tray aseptically, adding supplies with transfer forceps
4. Don clean gloves and remove old dressing.
5. Dispose of gloves and perform hand hygiene.
6. Don sterile gloves and drape area.
7. Remove securement device if present
8. Cleanse skin:
 - a) With first swab, scrub skin in vertical direction while moving swab from one side to the other.
 - b) Flip swabstick over and scrub in a horizontal direction, moving swab from top to bottom.
 - c) Using second swabstick, scrub catheter tubing (entire area that will lie below the dressing).
 - d) Lift tubing, flip swabstick over and scrub undersurface of tubing.
9. Allow skin to dry a MINIMUM 2 minutes; ***inadequate dry time is most common cause of skin reactions***
10. Apply Cavilon™ (AVOID INSERTION SITE AND AREA UNDER CHG PAD). Minimum 1 minute dry time. Cavilon™ will dry out quickly after removal from package.
11. Apply new securement device to dry skin if required.
12. Apply dressing, pressing slowly from site toward outer edges (don't stretch dressing)
13. Tape catheter to prevent it from pulling on the dressing. For jugular IVs, individually taping of each lumen after looping in a downward direction helps to reduce traction on dressing.
14. Perform hand hygiene at end of procedure
15. Ensure that tracheostomy ties and cervical collars do not come in contact with dressing.
16. Document dressing changes and assessment findings Q shift and PRN in intravascular section of 24 Hour Flow sheet and update Kardex.

Every member of the team is expected to remind others/stop procedures if any step is missed.