

KINGSTON GENERAL HOSPITAL

NURSING POLICY

SUBJECT	Tubing Changes: Intravascular Catheter and Device Management	NUMBER	T-7000
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Preamble

Administration set changes shall be performed routinely, based on factors such as type of solution administered, type of the infusion (continuous versus intermittent) immediately upon suspect contamination or when the integrity of the product or system has been compromised (Alexander, 2011)

Definitions

Primary Administration Set - administration set that is continuously attached directly to the central or peripheral access cannula (Alexander, 2011).

Secondary Administration Set - administration set that is continuously attached to the primary administration set (Alexander, 2011).

Primary Intermittent Administration Set – administration set that is not continuously attached to the central or peripheral access cannula or the primary administration set (Alexander, 2011).

Policy:

1. Minimum standards for the frequency for changing invasive lines, associated dressings and other ancillary tubing and equipment follow best practice guidelines and are detailed in Appendix A Intravascular Catheter and Device Management.
 - 1.1. When intravascular lines and solutions are anticipated for emergency situations where no specific patient has been identified:
 - 1.1.1. Tubing may be removed from the wrapper(s) but the tubing will not be flushed with fluid
 - 1.1.2. Solutions may be removed from the wrapper(s) but the bag(s) will not be pierced
 - 1.1.3. The tubing and solutions will be used for the next elective procedure if not required for an emergency
 - 1.1.4. The tubing and solutions will be discarded if not used within five (5) days following removal of the wrappers
2. Primary Intermittent Administration sets:
 - 2.1. are changed q24 h
 - 2.2. aseptically capped with a new sterile compatible covering device after each intermittent use

NOTE: The practice of attaching exposed end of the administration set (“looping”) should be avoided. (Alexander, 2011).
3. All other Patient Care Tubing will comply with manufacturer’s instructions for use or organizational policy (e.g. neonate feeding tubes, tracheostomy tubes).

Reporting and Recording

1. Documentation and communication of all changes are as per unit standard (e.g. Comprehensive Patient Care Record, Interprofessional Patient Profile).

Related Policies and Procedures

Nursing Policy and Procedure A-7110 Arterial Lines: Indwelling Arterial Catheter, Care and Maintenance: Advanced Competency for Registered Nurses

Nursing Policy and Procedure C-1820 Central Line Removal: Advanced Competency (AC) for Registered Nurses

Nursing Policy and Procedure I-5500 Intravenous Access: Advanced Competency (AC) for Nurses (Registered Nurses and Registered Practical Nurses)

Nursing Policy and Procedure I-5600 Intravenous Lock Device

Nursing Policy and Procedure R-1828 Care of Hemodialysis Vascular Access Catheters: Advanced Competency (AC) for Nurses (Registered Nurses and Registered Practical Nurses)

References:

Alexander, M. (Ed.). (2011). *Infusion Nursing Standards of Practice*. Infusion Nurses Society. Norwood, MA.

O’Grady, N. P. et al. Summary of Recommendations: Guidelines for the Prevention of Intravascular Catheter-related Infections. *Clinical Infectious Diseases*. 2011. 52(9): 1087-1099.

O’Grady, N. P. et al. Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011. *Department of Health and Human Services: Centers for Disease Control (CDC)*, 2011.

Director, Professional Practice – Nursing Signature

Date

Appendix A: Intravascular Catheter and Device Management

Site	Cannula/Site Change	Dressing Type	Dressing Frequency	Administration Set Change	Solution Change
Pulmonary Artery Catheters	Only when clinically indicated	- Sterile gauze, or sterile, transparent, semipermeable -For diaphoretic patients or sites that are bleeding or oozing use sterile gauze until resolved -Replace all dressing types if they become damp, loosened or visibly soiled -Do not use topical antibiotic ointment or creams at insertion sites except for dialysis	-q7 days for transparent, semipermeable	q96 h for transducers and components of the system (tubing, continuous flush device)	q96 h for flush solution (when transducers and components of the system are changed)
Arterial Adult and Pediatric			-q2 days for gauze		
Central Venous Catheter (CVC) -Peripherally Inserted CVC -Tunneled CVC -Implanted CVC			- no more than q7 days for transparent dressing for tunneled or implanted CVC site (unless dressing is soiled or loose, until the insertion site has healed)	q96 h including secondary sets	
CVC Pediatric and NICU			q7 days (except when there is risk for dislodging catheter)		
Hemodialysis Catheter			See Nursing Policy and Procedure R-1828 Care of Hemodialysis Vascular Access Catheters: Advanced Competency (AC) for Nurses (Registered Nurses and Registered Practical Nurses)		

Site	Cannula/Site Change	Dressing Type	Dressing Frequency	Administration Set Change	Solution Change
Peripheral IV	No more frequently than q72-96 h	- Sterile gauze, or sterile, transparent, semipermeable -For diaphoretic patients or sites that are bleeding or oozing use sterile gauze until resolved -Replace all dressing types if they become damp, loosened or visibly soiled -Do not use topical antibiotic ointment or creams at insertion sites except for dialysis	-q7 days for transparent, semipermeable -q2 days for gauze - no more than q7 days for transparent dressing for tunneled or implanted CVC site (unless dressing is soiled or loose, until the insertion site has healed)	-No more frequently than q96 h in patients <u>not</u> receiving blood, blood products or fat emulsions (including secondary sets and add on devices) but at least every 7 days -Tubing used to administer blood, blood products, or fat emulsions e.g. total nutrition add mixtures containing or exposed to intravenous fat emulsions with the amino acids and dextrose within 24 h of initiating the infusion.	Blood products, or fat emulsions e.g. total nutrition add mixtures containing or exposed to intravenous fat emulsions with the amino acids and dextrose q24 h
Peripheral IV Pediatric and NICU		Only when clinically indicated			
Umbilical Catheter	Only when malfunctioning <i>Arterial:</i> should not exceed 5 days <i>Vein:</i> should not exceed 14 days	No dressing		Transducers and components of the system (tubing, continuous flush device) q96 h	
Needleless Components				At least as frequently as administration sets q72-96 h	
Propofol Infusions				q6 h or when the vial is changed as per manufacturers	