

## CENTRAL VENOUS CATHETER AUTHORIZATION TEST (Adult)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

- 1. A valved peripherally inserted central venous catheter (PICC) is a central venous catheter that has a valve present and does not require clamping.
  - a) True
  - b) False
- 2. The stop/start technique for flushing requires the practitioner to:
  - a) Use heparin with positive pressure technique
  - b) Use heparin and 0.9% sodium chloride intermittently when flushing

c) Clamp the central venous catheter and withdraw while injecting the last 0.5 mL of 0.9% sodium chloride

d) Flush 2-3 mL of 0.9% sodium chloride at a time, pausing between each flush to create a turbulent effect to remove blood from the inside of the catheter

- 3. Prior to accessing a central venous catheter, the practitioner must verify patency by which of the following mechanisms:
  - a) Aspirating blood from the central venous catheter
  - b) Attempting stop/start flush
  - c) Removing cap from the central venous catheter and attempting to aspirate blood
  - d) All of the above
- 4. A peripherally inserted non-valved central venous catheter (PICC) should be clamped any time the system is open.
  - a) True
  - b) False
- 5. Prior to blood sampling, a total waste of \_\_\_\_\_ mL (adult) must be withdrawn and discarded from the central venous catheter.



- 6. Central venous catheters should **never** be flushed with a syringe smaller than 10 mL.
  - a) True
  - b) False
- 7. Catheter cap(s) must be changed on central venous catheters:
  - a) Every 72 hours
  - b) Every 7 days
  - c) Only when the cap is damaged, leaking or filled with blood
  - d) With the intravenous tubing every 24 hours in the case of a continuous infusion
- 8. If a central venous catheter should break or develop a hole, the practitioner should:
  - a) immediately clamp the catheter as close to the skin insertion site as possible and notify the physician
  - b) raise the head of the bed
  - c) place the patient in trendelenburg position
  - d) a&c
  - e) a&b
- 9. Any time a central venous catheter is accessed, the practitioner should flush all ports, including the port accessed, with 20 mL 0.9% sodium chloride using the stop/start technique.
  - a) True
  - b) False
- 10. Which of the following are potential complications of central venous catheters:
  - a) occlusion, hypertension, infection
  - b) occlusion, diuresis, air emboli
  - c) occlusion, infection, dislodgement of line, air emboli
  - d) occlusion, hypertension, infection, dislodgement of line