

Central Venous Catheter: Caring for the Exit Site and Cap Change



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Why take care of the Exit Site?

The exit site is an area where germs may enter and cause infection. It is important to keep the area very clean, and covered, at all times.

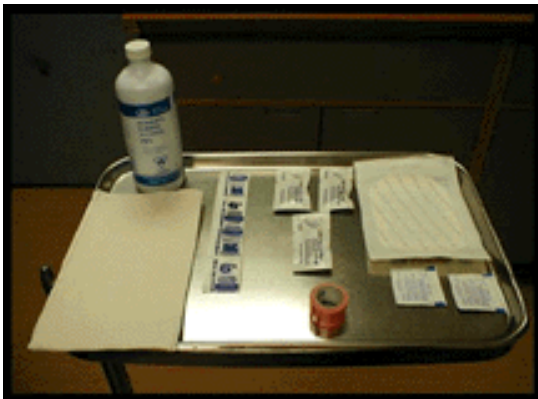
Clean the exit site and change the dressing once a week.

Schedule a time when you will not be rushed.

Follow the directions carefully.

2. Gather equipment.

- 1 semi-permeable transparent dressing (10 x 14) i.e. IV 3000 or Tegaderm
- 2 chlorhexidine/alcohol swabs
- 3 packages chlorhexidine swab sticks
- 1-2 packages sterile cotton tipped applicators
- waterproof tape



2. Clean a non-porous work surface (e.g. stainless steel cookie sheet, hard smooth plastic or glass tray. If unsure, discuss with your nurse).

Use a paper towel and alcohol.



3. Scrub your hands for 1 minute.

Remove all rings and your watch. Use antibacterial soap and scrub for 1 minute, rinse well, then dry with paper towels and turn off the taps using the paper towel.



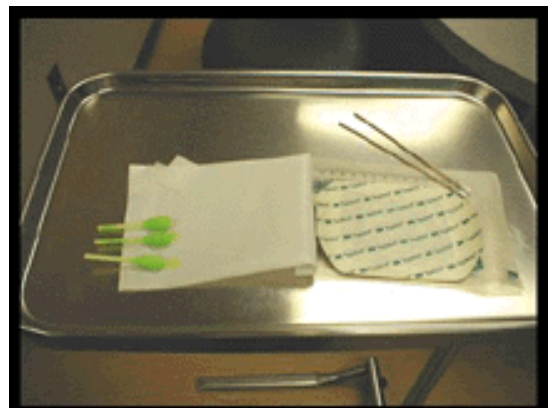
4. Prepare the equipment.

Peel open the transparent dressing first. Set it down as an open book. It becomes the sterile surface on which you lay your other equipment.

Keep all the dry equipment on one side of the package and the wet equipment on the other.

Touch only one corner of the chlorhexidine/alcohol swabs. Set them down so that this corner always faces the same direction. This will help you remember the corner to use when you lift it. (The "**touched**" corner **MUST NEVER** come in contact with the exit site.)

Do not touch the cotton tipped ends of the swab sticks or applicators.



5. Remove the old dressing.

First, take off the tape holding the catheter in place.

Apply gentle pressure to the exit site and peel off the transparent dressing by loosening the corners and pulling away from the exit site.



6. Inspect the exit site for any signs of infection.

If you see any signs such as redness, swelling, drainage, unusual crusting or leaking around the catheter, finish the dressing and then call:

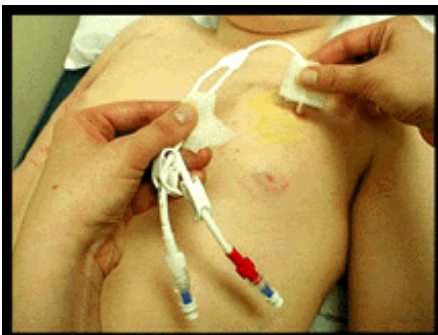
_____.



7. Clean the catheter.

Pick up the catheter with one chlorhexidine/alcohol swab. Fold the second swab around the catheter at the exit site and pull this swab toward the cap so wiping the catheter clean.

Be careful not to pull on the catheter.
Go over the catheter only once with the swab.



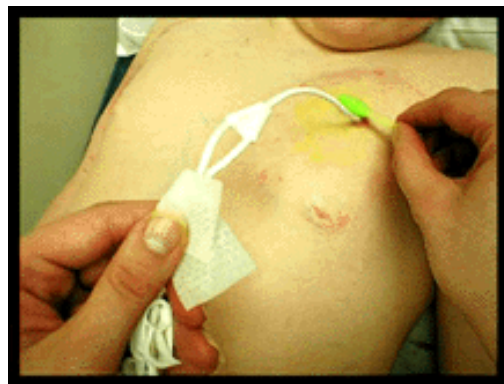
8. Clean the exit site.

Clean around the exit site with a chlorhexidine swab-stick. Use gentle pressure.

Use a cotton tipped applicator to remove any crusting or discharge from around the exit site. (You may need to use more than one applicator.)

With the second swab stick, clean around the exit site again in a widening circle of about 1-inch, always starting in the centre. Apply gentle pressure.

Using the third swab stick, repeat the above process.



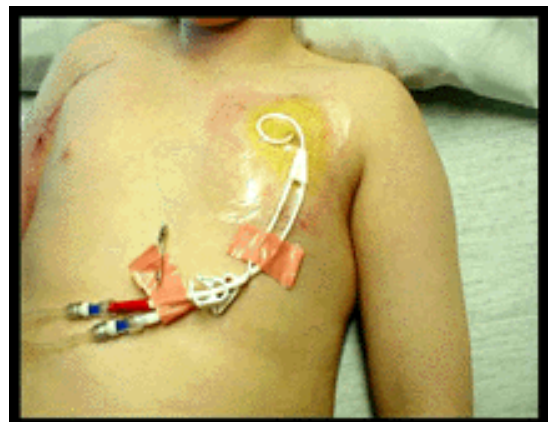
9. Allow chlorhexidine to dry on the skin for at least 1 minute.

Do not blow on the exit site or fan the air to speed up the drying time.

10. Apply the transparent dressing

Carefully grasp the V site and make a loop in order to coil the catheter under the dressing. Be careful not to contaminate the cleaned area.

Do not stretch the dressing. Remove the backing and smooth it over the catheter making sure it seals firmly.



11. Secure the catheter to the child's chest.

Tape the catheter to the child's chest. Apply a waterproof tape tab to the child's undershirt. (The pin goes through the tape not the catheter!)



Contacts

Community nurse: _____

Telephone: _____

Doctor: _____

Telephone: _____

Hospital nurse or other contact: _____

Telephone: _____

At Children's & Women's Health Centre of British Columbia we believe parents are partners on the health care team. We want you to be as informed as possible. This brochure will answer some of your questions. Please ask about things you do not understand and share your concerns.

If you have any questions, please call one of the contacts listed above.

Developed by the health care professionals of the Oncology Haematology/BMT Department and Parenteral Therapy with assistance from the Department of Learning & Development.

Changing the Injection Cap

CHANGE THE INJECTION CAP ONCE EACH WEEK WHEN YOU CLEAN THE EXIT SITE.

1. Gather 3 Chlorhexidine/alcohol swabs, an injection cap and waterproof tape.
2. Remove pin and waterproof tape tab from catheter.
3. Clean a non-porous work surface using alcohol and paper towel.
4. Remove all rings and your watch. Use antibacterial soap and scrub for 1 minute, rinse well, then dry with paper towels and turn off the taps using the paper towel.
5. Open the package with the new cap. Leave the cap in the package. If you are heparin locking at the same time, prepare your heparin lock syringe as instructed.
6. Open 3 swabs. Set them down so that one provides a sterile surface for the other two.
7. Wrap a swab around the connection point between the catheter and the cap and scrub for 30 seconds. Hold the catheter with this swab.
8. With a fresh swab, clean for 4 inches from the connection point toward the clamp and discard.
9. Clean the injection cap with another swab. Discard both swabs and allow the catheter to dry for 1 minute.
10. Make sure the catheter is clamped. Holding the catheter just below the connection site, remove the old cap.
11. Remove the new cap from the protective sheath and screw in the new one firmly to the catheter. Heparin lock as usual.
12. Apply a new waterproof tape tab on the catheter and pin the end of the catheter to the undershirt. (The pin goes through the tape not the catheter!)