

PATIENTS CENTRAL VENOUS ACCESS DEVICE (CVAD) HAND HELD RECORDS

This information pack is for patients who have a CVAD inserted at The Clatterbridge Cancer Centre. A CVAD includes a Peripherally Inserted Central Catheter (PICC), Totally Implanted Venous Access Device (TIVAD) or a Skin Tunnelled Catheter.

The patient has been asked and is encouraged to present this pack every time they attend each hospital visit and to present it to the district nursing team managing the device in the community.

The purpose of the pack is to develop a log of care for all health care professionals caring for the patient.

Summarised Essentials

1. A **full aseptic technique** is required every time a line is redressed, used or maintained in every care setting, including when de-accessing a TIVAD
2. The distal portion of a PICC line, when not in use, should be secured with a single piece of sterile gauze (for comfort) and fully sealed inside a transparent dressing, as per instructions on the dressing guide. Dressings are not normally required once a TIVAD insertion site has fully healed and all sutures have been removed.
3. All line care and assessments **must** be documented in this record
4. TIVAD removals can be arranged if necessary with the interventions team. All other line removals need to be recorded for audit purposes.
5. Blood pressure readings should be taken on the opposite arm to the PICC/Peripheral TIVAD. If this is not possible the cuff should be applied on the lower arm or alternatively use the leg, but never across the device

The Clinical Interventions Team can be contacted directly on 0151-556-5737 or bleep 4095 Monday-Friday 9-5 for line related problems.

For any urgent advice contact the CCC Hotline 0800 169 5555, available 24 hours a day.

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CENTRAL LINE INSERTION/MANAGEMENT RECORD

Patient's Name: _____ Date of line insertion: _____
 Ward/Dept: _____ Consultant _____
 NHS/CCC Number: _____
 Date of Birth: _____ Line inserter: _____

Type of line inserted: please circle and document version

PICC: _____ **Skin tunnelled line:** _____ **TIVAD: Peripheral/Chest** _____

Reason for line: Please circle:

PVA: specific chemotherapy regime: IV access: venous sclerosis: Other (please specify) _____

Anticipated period device will be required.....

Risks discussed with patient including: Thrombus Infection Failure of line

Informed consent gained: Leaflet given to patient: Bloods checked by inserter:

Confirm full sterile procedure using: **Packs, CHG 2%, Drapes, Gown, Mask/Cap - YES/NO**

Screening swabs YES/NO please circle: **MRSA CPE/VRE** Not necessary **TIVAD Pre-assessment**

Vein selected: _____ Number of attempts: _____ Problems during insertion YES/NO _____

Securacath: YES/NO if no please specify..... Length line cut to..... Length of line at exit site:.....

Pocket closure: Subdermal & Subcuticular suture to close with Steri-strips to secure

Size of Huber needle to be used:.....

Nautilus tip location technology used YES/NO CXR required YES/NO Fluoroscopy used: YES/NO

If CXR carried out length after x-ray: _____ Documented in records that line can be used: _____

Where initial dressing change arranged:.....Where line maintenance arranged:.....

Referred to district nurses: YES/NO Biopatch: YES/NO **Wound check appointment given:**.....

Guidelines, D.N prescription, flushing equipment & dressings for two visits given to patient: YES /NO

If no specify reasons _____

Pack given to patient and advised to take to all hospital visits: YES/NO.

Immediate wound check following TIVAD insertion:..... **Discharged as planned: YES/NO**

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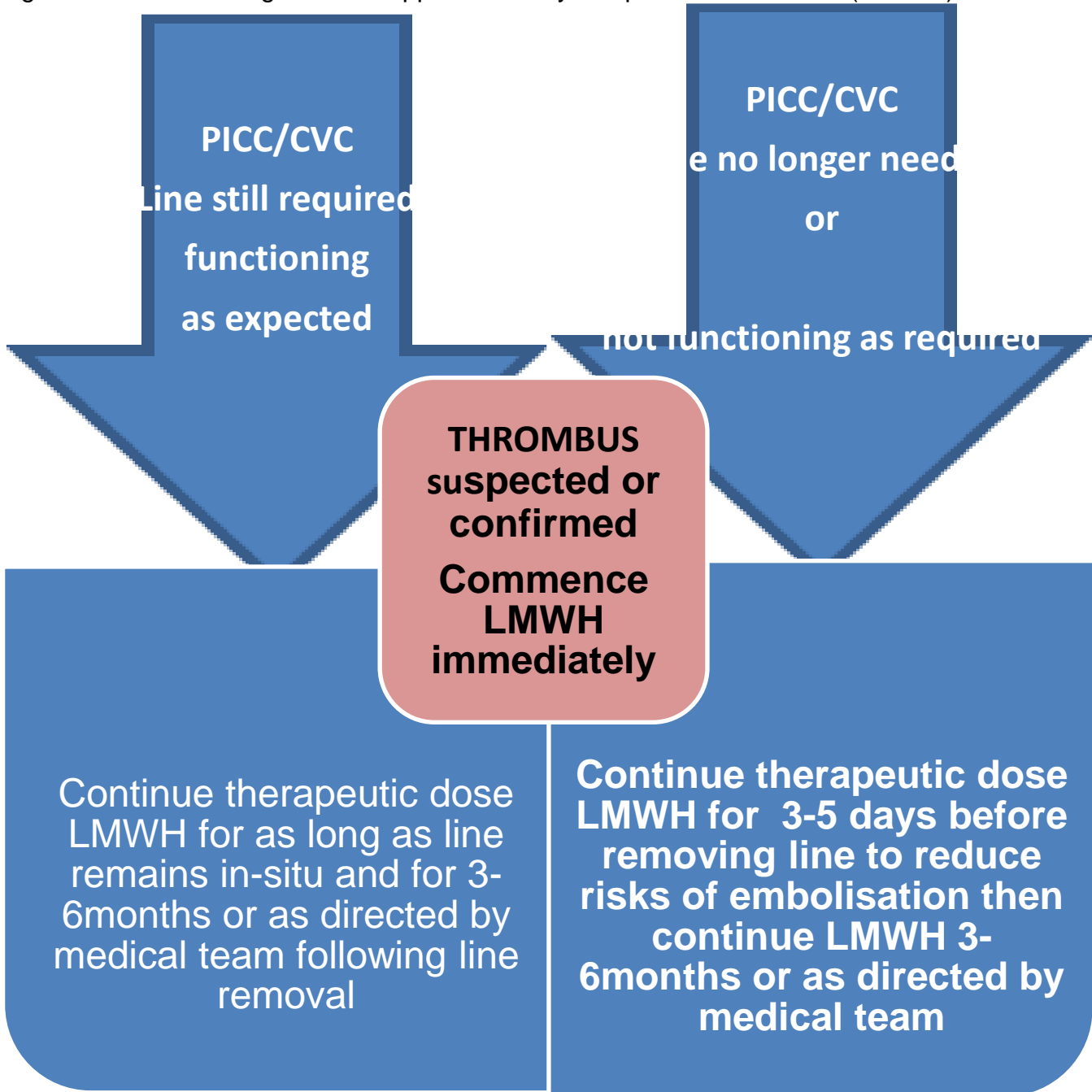
Visual Infusion Phlebitis (VIP) Scoring Tool for Intravenous Access Device (VIAD)

Exit site appears healthy	→	0	<p>No sign of phlebitis Observe PICC exit site</p> <hr/> <p>Possible first signs of phlebitis Continue to observe IV catheter</p> <hr/> <p>IMPORTANT Seek advice VIP score 3-5</p> <p>Mon-Fri between 9am and 5pm ring the Clinical Interventions Team on 0151 556 5737 or bleep 4095 Out - of - hours ring the CCC Hotline on 0800 169 5555</p>
One of the following is evident: Slight pain near exit site Slight redness near exit site	→	1	
Two of the following are evident: Pain at exit site Swelling Erythema	→	2	
All of the following are evident: Pain along the IV catheter Erythema Swelling	→	3	
All of the following are evident and extensive: Pain along the path of the IV catheter Erythema Swelling Palpable venous cord	→	4	
All of the following are evident and extensive: Pain along the path of the IV catheter Erythema Swelling Palpable venous cord Pyrexia	→	5	

Every effort should be made to conserve every line before line removal - Please consider venous access and ongoing treatment.

- **Management of suspected exit/pocket site infection.** Assess area for redness or exudate, if present swab for microbiology confirmation of infection. Assess for systemic symptoms, treat exit/pocket site problems as cellulitis with broad spectrum oral/IV antibiotics which may need to be altered depending on microbiology results – Continue to maintain the line.
- **Management of suspected line infection.** Assess patient for systemic sepsis - take peripheral blood cultures first then immediately take PICC cultures aseptically to avoid contamination of samples, ensure correct labelling of samples. **REMEMBER** to assess for other focus of infection if patient neutropenic. IV antibiotics when prescribed are best administered **via** the line. Vancomycin is often prescribed for line infections to help conserve the line, particularly if venous access is poor and that it is impossible to administer elsewhere. If patient remains pyrexial and unwell after 96hours of the correct microbiology guided antibiotic therapy it may be necessary for the line to be removed – until then the line should be used and maintained correctly.
- **Management of thrombus.** If the patient attends with a suspected thrombus (swollen arm, dilated chest veins, discoloured “line arm”) perform a Doppler Ultrasound to confirm thrombus. If **positive DO NOT** remove the PICC/TIVAD, commence treatment dose LMWH. The patient should be assessed for improvement of symptoms following commencing therapy approximately two weeks later; the line should be used as normal. Only when the line is no longer required or not functioning, commence LMWH and administer for at least 3-5 days to reduce risks of embolisation before the line is removed.

Algorithm for the management of Upper Extremity Deep Vein Thrombosis (UEDVT)



Patient's name: _____
 NHS/CCC number: _____ Reason for line: _____ Allergies: _____

PICC dressings require the distal portion of the line to be fully covered when not in use at home.
 ALL lines require **positive pressure flush** with 10ml 0.9% sodium chloride. Hepsal (500 I.U./5mls) is not normally required when positive pressure is performed when de-accessing a TIVAD.
For PICC's always document the exit length every visit to monitor for migration.

Dressing and Flushing Record - please complete all sections on all visits:

Date	VIIAD/ VIP score Exit length	Dressings Used	Blood yielded	Saline flush	Anticipated removal date	Printed name
TIVAD ONLY Please ensure that steri-strips remain in place until pocket wound confirmed as established.						

Lines placed using Nautilus showing the tip position is within SVC and is able to be used.

Confirmed by: **NAME**----- **SIGNATURE**-----

Comments: For actions taken to manage line, dressings or alterations to the care plan:

Call CIT: 0151 556 5737 for training or advice. Pocket wound established – Date _____ Signed _____

Patient's name:

NHS/CCC number:

Reason for line:

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For PICC's always document the exit length to monitor for migration. Huber size:.....

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Comments: For actions taken to manage line, dressings or alterations to the care plan

Call CIT: 0151 556 5737 for training or advice.

Patient's name:

NHS/CCC number:

Reason for line:

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Call CIT: 0151 556 5737 for training or advice.

Removal record

Patients name:

CCC number:

Date of line insertion:

Date of line removal:

Appointment date for removal of TIVAD/skin tunnelled line:

Reason for line removal;

If line removed prior to treatment completion please document the attempts taken to conserve the line if appropriate.

Clinic where the line was removed:

Is a replacement line required?

Name of person removing line:

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All removals should be added onto the patients' Meditech records.

Please inform directly/or return removal record to The Clinical Interventions Team on 0151-556 5737/ bleep 4095 when every line is removed for accurate documentation/audit.

You can also email: carol.mccormick3@nhs.net

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