**Pediatric CVC Maintenance Bundles**

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**CARE PRACTICE**

- **Bundle Recommendations**
  - **Hand Hygiene**
    - Hand hygiene performed before and after CVC care and catheter entry or after contact with any inanimate object (II)
    - Use clean gowns for all CVC access (IC)
    - Glove use does not preclude use for hand hygiene

- **Surface Disinfection**
  - Clean work surfaces with a hospital-grade, EPA approved disinfectant prior to CVC care

- **Use of Maintenance Kits or CVC Carts**
  - Procedure kits or carts containing supplies help to ensure all required supplies are available at the time of the procedure, including those required for dressing change, needless connector change, and CVC removal (IC)

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**CATHETER MANAGEMENT**

- **Bundle Recommendations**
  - **Use of Needleless Connectors**
    - Utilize a needless connector at CVC hubs and stopcocks (II)
    - Minimize the use of stopcocks; if a stopcock is used, cap port(s) with a needless connect and disconnect prior to use (II)
  - **Antispetic Needles**
    - Clean all needless connectors prior to use (II)
    - Educate clinicians on appropriate use of needless connectors per manufacturer’s guidelines

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**ADMINISTRATIVE**

- **Bundle Recommendations**
  - **Education**
    - Education of clinicians responsible managing central lines should include:
      - Care and maintenance strategies
      - Identification and management of complications (II)
  - **Initial andongoing competencies for catheter care should be monitored (II)**
  - **Education on the benefits and use of the catheter maintenance checklist**
    - Administrative support for infection prevention efforts should minimally include:
      - Oversight of educational efforts and competencies
      - Revision of policies and procedures based on evidence-based practice
      - Implementation of checklists
  - **Development of Specialty Teams or Competent Trained Clinicians for Catheter Insertion Site**
    - Specialized teams for performing CVC maintenance e.g. dressing change, infusion tubing change, catheter clearance, and catheter repair (II)
  - **Routine Surveillance of CVCs**
    - Collect and benchmark outcome data with National Healthcare Safety Network (NHSN) (II)

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**CATHETER SITE CARE**

- **Bundle Recommendations**
  - **Skin Antisepsis**
    - For patients with alcohol or chlorhexidine allergy or sensitivity, consider use of povidone iodine (II)
    - Allow to dry completely prior to applying antimicrobial (II)
  - **CVC Dressing Assessment and Change**
    - Change CVC dressing every 7 days or as needed
    - Blood sampling from CVC
      - Consolidate CVC blood sampling to minimize catheter entry (II)

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**CVC Flushing Practices**

- **Flush CVCs using profiled, single use syringes**
  - Asses pressure of CVC prior to use (II)
  - Replace needleless connectors and stopcocks of visible blood
  - For capped CVCs, change no more frequently than every 72 hours (II)
  - For infusing CVCs, or at least as frequently as the administration set (II)
  - Change needleless connector if residual blood remains in needleless connector after blood administration or blood sampling
  - Assembly administration set to consistently for each type of CVC or therapy using aseptic or sterile technique
  - For multi-lumen CVCs, dedicated lumen for TPN (II)

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**Replacement of CVCs**

- Do not routinely exchange CVCs as a means of preventing CRBSI (II)