Appendix 5: NHS A&A CVAD Bundle Adult Central Venous Access Device (CVAD) Care and Maintenance Bundle

Venue								Foren	ame [.]	Sex	•
Inserted Date inserted Type of CVAD Insertion site							Address:				
Insertion Sticker in the Notes? Yes I No I Has CVAD tip position been confirmed? Yes I No I											
Clinical Indication: IV fluids/Drugs Urgent Access Chemotherapy / SACT TPN Other Date of Birth											
STAFF CARING FOR CVAD'S SHOULD BE KNOWLEDGEABLE IN THE NHS AYRSHIRE & ARRAN CVAD GUIDELINE G004 AND EDUCATION PROCESS. THIS CARE AND MAINTENANCE BUNDLE SHOULD BE COMPLETED EVERY SHIFT Date Needle Inserted (PORT ONLY): MAINTENANCE BUNDLE Hand Hygiene must be performed before & after all procedures. Prior to accessing, the needle free device must be scrubbed with 2% CHG &70% IPA (Green Clinell Wipe)											
CVAD Number:	1 Has the need for CVAD been reviewed in the past 24hrs	2 Is the CVAD void of signs of local exit site infection	3 Is the CVAD void of signs of systemic infection	4 The CVAD dressing is intact with biopatch insitu (dressing must be changed every 7 days or if not intact)	5 Aseptic non touch technique is used for all line care maintenance / access procedures	6 CVAD is locked / flushed as per local guidelines	What has done	been	Date Dressing due changed	Line Measurement in cm's (PICC lines only)	Initials
Date//	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ Removed Redressed				
2 ND REVIEW	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ Removed Redressed				
Date//	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ Removed Redressed				
2 ND REVIEW	Yes 🗆 No 🗆	Yes □ No □	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ Removed Redressed				
Date//	Yes 🗆 No 🗆	Yes □ No □	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ Removed Redressed				
2 ND REVIEW	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ Removed Redressed				
Date//	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ Removed Redressed				
2 ND REVIEW	Yes 🗆 No 🗆	Yes □ No □	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ Removed Redressed				

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Write or attach label								
CHI No:								
Surname:								
Forename: Sex:								
Address:								
Date of Birth								
OCESS								

MAINTENANCE BU Hand Hygiene mus		e & after all proce	dures. Prior to acc	essina. the needle fi	ee device must be scr	ubbed with 2% CF	IG &70% IPA (Gree	n Clinell Wipe		
CVAD Number:	1 Has the need for CVAD been reviewed in the past 24hrs	2 Is the CVAD void of signs of local exit site infection	3 Is the CVAD void of signs of systemic infection	4 The CVAD dressing is intact with biopatch insitu (dressing must be changed every 7 days or if not intact)	5 Aseptic non touch technique is used for all line care maintenance / access procedures	6 CVAD is locked / flushed as per local guidelines	What has been done?	Date Dressing due changed	Line Measurement in cm's (PICC lines only)	Initials
Date//	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ □ Removed □ Redressed □			
2 ND REVIEW	Yes 🗆 No 🗆	Yes □ No □	Yes □ No □	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ □ Removed □ Redressed □			
Date//	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ □ Removed □ Redressed □			
2 ND REVIEW	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ □ Removed □ Redressed □			
Date//	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ □ Removed □ Redressed □			
2 ND REVIEW	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Yes 🗆 No 🗆	Left in situ □ Removed □ Redressed □			

Date Removed:/ Reason for Removal	Signature	Tip sent for culture Yes D No D (if no doo	No 🗆 (if no document reason)		
Date & Time	Comments		Signature		
Version 4.0	Review Date: August 2026		DRS 61		

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