

Appendix 5: NHS A&A CVAD Bundle

Adult Central Venous Access Device (CVAD) Care and Maintenance Bundle

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

Venue _____

Inserted _____ **Date inserted** _____ **Type of CVAD** _____ **Insertion site** _____

Insertion Sticker in the Notes? Yes No **Has CVAD tip position been confirmed?** Yes No

Clinical Indication: IV fluids/Drugs Urgent Access Chemotherapy / SACT TPN Other _____

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 been done?	Date Dressing due changed	Line Measurement in cm's (PICC lines only)	Initials
Date .../.../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>			
2ND REVIEW	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>			
Date .../.../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>			
2ND REVIEW	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>			
Date .../.../....	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>			
2ND REVIEW	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/> Redressed <input type="checkbox"/>			
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MAINTENANCE BUNDLE										
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Date Removed: ----/----/---- **Reason for Removal** _____ **Signature** _____ **Tip sent for culture** Yes No (if no document reason)

Date & Time	Comments	Signature