

3.6 Central Venous Catheter Care

The information provided in the following sections is intended to guide safe practice in the POGO Satellite Program. It is not intended to replace your institutional policies and procedures. Please ensure all staff are aware of their own institutional policies and procedures and refer to them as their primary source.

Central Venous Catheter Care in the POGO Satellite Program

Variations in practice related to Central Venous Catheter (CVC) care exist across the five specialized childhood cancer programs in Ontario. Each tertiary hospital that refers patients to the POGO Satellite Program is committed to ensuring the initial and ongoing education of the nursing staff caring for their patients. CVC care is a controlled act authorized to Nursing.

Consistency of CVC care received in both the POGO Satellite Clinic and the specialized childhood cancer program is important in developing and maintaining the confidence of patients and families as they move between shared care partners. However, the most important determinant in CVC care is that best practice standards are being followed and that the POGO Satellite Clinic nurses are both skilled and competent in providing care for patients with a CVC.

Refer to your institutional policy for central line care. Contact your patient's specialized childhood cancer program (tertiary centre) primary nurse, nurse educator or vascular access resource nurse with questions or concerns.

The following are general guiding principles for managing CVCs and Port-a-caths in the POGO Satellite Program:

- For all catheter repairs, contact your patient's tertiary hospital primary nurse or nurse educator.
- Current evidence contradicts using vacutainers or syringes < 10 ml to draw lab work directly from pediatric CVCs because they can create pressure that can damage CVCs.
- Coagulation blood work cannot be drawn from a heparinized CVC.
- All CVCs/Port-a-caths should have a needle-less inject cap in place.
- If a CVC/Port-a-cath is not hepllocked, it must be infusing on an infusion pump at all times.
- If using a gauze-type dressing, palpate the site each 8-hour shift. If patient complains of pain or tenderness, remove the dressing and visually assess the site.
- When infusing IV fluids via a Port-a-cath, best practice recommendation is that the entry site be viewed hourly, if use of transparent dressing makes this possible.
- Use a transparent dressing over the needle site, especially when administering chemotherapy. Transparent dressing should be changed weekly and PRN.
- Change the Port-a-cath needle weekly and PRN.

Note: Copies of the complete set of policies and procedures for CVC care for each of the specialized childhood cancer programs which refer patients to a POGO Satellite Clinic should be made available at the POGO Satellite Clinic in the clinic, on the ward and in the emergency department, if appropriate.



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References

1. Registered Nurses Association of Ontario (2021). Best Practice Guideline: Vascular Access, Second Edition. Retrieved August 12, 2021 from https://rnao.ca/sites/rnao-ca/files/bpg/Vascular_Access_June_2021.pdf.

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Record of Updates

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