Maintenance Bundle for Maintenance of all Intravascular Devices

Ensure that patient and health care provider safety standards are met during this procedure including:

- Risk assessment and appropriate PPE
- 4 Moments of Hand Hygiene
- Two patient identification
- Safe patient handling practices
- Biomedical waste disposal policies

1. Confirm venous waveform for IJ, SC and femoral venous lines upon insertion and Q shift. Print and post waveform to paper chart.
2. Review insertion date, insertion circumstances and need for continued line use Q shift.
3. Change lines (arterial, central venous and peripheral) inserted without full precautions (e.g. during emergency situations) within 24-48 hrs (document plan)
4. Palpate and visually inspect site daily
5. Ensure that tracheostomy/ETT tapes/ties are not in contact with dressing.
6. Ensure catheter remains secured; change/remove positional lines
7. Change transparent dressings Q7 days and PRN if soiled, integrity is disrupted, edges are curled or CHG pad feels “boggy” (some blood may be present at site).
8. Change gauze dressings daily and inspect site
9. Apply needleless access device to all injection and blood sampling ports EXCEPT PRESSURE MONITORING CONNECTION (requires direct connection). Connect IV sets to needleless access device. Change needless access devices with tubing changes.
10. Back flush sampling ports (into vacuum tube) after blood drawing (reduce blood exposure). Replace needleless access device when soiled or blood residue present.
11. Apply new antiseptic cap to all injection and sampling ports after accessing, and to the male end of any vascular tubing during temporary disconnection.
12. Scrub the hub and allow 30 second dry time before accessing ports without antiseptic cap.
13. Flush lines thoroughly after blood sampling. Flush EACH PICC lumen with 20 ml using turbulent flushing (stop/start technique) after blood sampling or each time a locked device is accessed
14. Routine tubing changes: a) TPN and insulin Q 24 hrs, b) blood tubing after 2 units (except rapid infuser), c) propofol bottle and tubing Q12 hrs, d) all other sets Q 96 hrs and PRN .
15. Maintain dedicated line for TPN
16. Don non-sterile gloves and do not touch insertion site after skin prep for venipuncture and peripheral IV insertion. Venipuncture and peripheral IVs can be source for central line infection.
17. Maintain aseptic technique for peripheral IVs and document compliance
18. Document assessment findings in the Devices Band of EHR.
19. Document dressing changes and assessment findings Q shift and PRN in the EHR. Update “date due” for dressing and IV changes in the Actions and Situational Awareness section in Nurse View of the EHR.
20. **Blood cultures (see Procedure for Blood Cultures):**
    a) Minimum of 2 sets for any culture event from ***2 different sites*** (at least one should be venipuncture if possible)
    b) Line Sampling: Change needleless access cap BEFORE blood culture sampling and include discard sample UNLESS IT CONTAINS CITRATE (e.g. dialysis lines)
    c) If line > 48 hrs, send venipuncture AND line culture(s) and request “CAB” assessment. Draw and order all samples within a 15 minute timeframe and send all bottles in one bag (or bags wrapped together)
    d) Record catheter site and type (e.g., R IJ HD) and date in order

Every member of the team is expected to remind others/stop procedures if any steps are overlooked.

Revised: January 16, 2025