

Central Line Dressing Change

Student Name: _____ Student Signature: _____

Evaluator Signature: 1st attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 2nd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 3rd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

**** Critical Behaviors that need to be stated or done in order to pass the skill.**

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
<u>Assessment</u> 1. Verify facility policy and procedure for central line dressing changes.			
2. **Check chart for allergies, noting tape allergies.			
3. Assess condition of patient's central line and dressing. Check if dressing is wet loose or soiled.			
<u>Planning</u> 4. Identify expected outcomes.			
5. Gather necessary equipment a. Clean gloves b. Central line dressing kit c. Measurement guide d. Caps e. 10mL0.9% NS flush			
<u>Implementation</u> 6. Upon entering: a. **Perform hand hygiene b. Be aware of your spatial safety, have call light within reach. c. Identify self d. **Identify patient using two patient identifiers e. Assure privacy f. Explain what is about to occur g. Allow for patient questions h. **Ask patient if they have any allergies and check for identifying arm band i. Raise bed to comfortable working height			
7. Place bedside table and waste receptacle in close proximity to your work area.			
8. **Perform hand hygiene again			
9. Don clean gloves			
10. Assess the condition of the insertion site; noting drainage, redness, or swelling. Also note if it is sutured in place. 11. Measure amount of exposed catheter.			
12. Open sterile dressing kit and carefully lift out and apply facemask.			
13. Instruct patient to turn head away from central line or don mask for patient.			
14. Carefully remove dressing by pulling up corners, use adhesive tape remover. a. Stabilizing the catheter at the insertion site. b. Apply counter pressure on the dressing and stretch the transparent dressing. c. Allowing the dressing to be lifted off rather than traumatizing the top skin layers. d. If using Biopatch, stabilize the catheter dressing and remove the dressing pulling toward the insertion site.			

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
14. Gathering old dressing in dominant hand, remove clean gloves and dispose in waste receptacle.			
15. If a sterile drape is provided, carefully open it touching only the one inch margin and place it on the bedside table. This becomes the sterile field. 16. Take out sterile gloves. 17. Drop all other contents onto the sterile field being careful to maintain sterility. <i>Note: If Biopatch or tube attachment device is used, they can be dropped onto the sterile field</i>			
18. Don sterile gloves. Maintain sterile field.			
19. Activate chlorhexidine. Beginning at insertion site, scrub back and forth using over insertion area for 30 seconds, then allow to dry for 30 seconds.			
20. Open skin prep swab to wherever dressing will lie EXCEPT around catheter exit site and allow to dry completely.			
21. Avoid kinking, twisting or tension on the catheter. Peel backing off the transparent dressing and apply, centering the catheter's insertion site.			
22. Label the dressing with the time, date, and your initials, being careful not to cover visibility of the insertion site. 23. Dispose of used equipment 24. Remove gloves			
25. Before leaving room <ul style="list-style-type: none"> a. ** Position patient comfortably b. ** Lower bed c. ** Raise appropriate side rails d. ** Leave call light and belongings in reach e. ** Perform hand hygiene 			
26. Document time, date, site condition, length of exposed catheter and that the dressing change was performed using sterile technique.			
<u>Evaluation</u> 27. Reassess the dressing, ensuring it is intact. Reassess the site per facility policy.			

*S = Satisfactory, ^U = Unsatisfactory

**Critical Behaviors that need to be stated or done in order to pass the skill