Torbay and South Devon NHS
NHS Foundation Trust

Ref No: 1792 Version 3

Clinical Skills Assessment for Central Venous Access Device Management: 2017

This assessment template has been developed by: Community Skills Facilitator in conjunction with the Vascular Access Team

Linked to policy number: 0209 - Central Venous Catheters. Version 8

N.B These assessment procedures are only for management of Midline and Peripherally Inserted Central Catheters (PICC) Lines and can be used in both the community and the acute setting following training.

It is rare for PICC Lines to be removed in the community, but if there is a request, the Vascular Access Team will be able to offer advice. They can be contacted on: 07769880038.

The Vascular access team also undertake:

- Insertion of difficult cannulas in the acute hospital
- Insertion of midlines in the acute hospital
- Insertion of PICC Lines in the acute hospital
- 24hr post insertion checks and dressing changes for midlines and PICCs in the acute hospital
- Weekly surveillance of midlines and PICCS in the acute hospital and clinics
- Troubleshooting any problems across the Trust
- Education for Nurses and Dr's

The community Clinical Skills Facilitator can also provide training, help and advice. Telephone 07789618821

Management of Central Venous Access Device Assessment

Preparation Changing bung and flushing	**CLIENT ASSESSMENT 1**	**CLIENT ASSESSMENT 2**	**COMMENTS: PASS/MORE PRACTICE**
Explains procedure and gains consent			
Checks line site for signs of infection			
Measures line from site to tip to check for displacement if it looks like the line has moved			
Gathers correct equipment			
Checks expiry dates of 10ml Sodium Chloride 0.9% flushes and Hepsal			
Washes hands thoroughly			
Puts on apron & disposable gloves			
Opens sterile pack using non-touch technique			
Opens sterile equipment onto sterile field			
Prepares cleaning solution, saline and flushes			
Removes gloves & apron, cleans hands with alcohol gel			

Procedure Changing bung and flushing	**CLINICIAN ASSESSMENT 1**	**CLINICIANASSESSMENT 2**	**COMMENTS: PASS/MORE PRACTICE**
Dons sterile gloves and apron			
Cleans hub of line for 30 seconds with Sani-Cloth™ then changes bung.			
Administers 10ml flush of normal saline 0.9% using push/pause technique			
If taking blood: draws back 5mls of blood into 10ml syringe, and discards.			
Takes required samples using vacutainer/syringe			
Flushes with 10ml normal saline using push/pause technique, then....			
Flushes with 5ml Hepsal ™ in 10mls if prescribed			
Clamps line as administering final 0.2mls of saline flush and/or Hepsal™ flush			
Re-cleans port and applies gauze to hub			
Removes gloves and apron. Disposes of equipment Documents procedure			

Procedure	**CLIENT ASSESSMENT 1**	**CLIENT ASSESSMENT 2**	**COMMENTS: PASS/MORE PRACTICE**
changing dressing:			
Washes hands thoroughly and puts on disposable gloves			
Carefully removes old dressing			
Checks site thoroughly and measures the line for procedure records			
Removes gloves and cleans hands. Prepares equipment			
Opens sterile pack using clean no touch technique			
Dons sterile gloves and apron			
Cleans skin working away from the entry site with chloraprep™ allows skin to air dry			
Secures line with statlok™			
Replaces dressing aseptically and puts date steristrip on dressing being careful not to cover site			
Post- procedure	**CLIENT ASSESSMENT 1**	**CLIENT ASSESSMENT 2**	**COMMENTS: PASS/MORE PRACTICE**
Disposes of used equipment in clinical waste			
Documents procedure			

Preparation Removing a PICC or Mid Line	**CLIENT ASSESSMENT 1**	**CLIENT ASSESSMENT 2**	**COMMENTS: PASS/MORE PRACTICE**
Obtains consent Gathers correct equipment Checks expiry dates Checks line site Lays patient down with the PICC or Midline exit site below the level of their heart to prevent air embolism.			
Procedure	**CLIENT ASSESSMENT 1**	**CLIENT ASSESSMENT 2**	**COMMENTS: PASS/MORE PRACTICE**
Washes hands and opens sterile pack			
Opens cleansing solution into tray. Opens dressing and suture cutter if needed onto sterile field			
Puts on nitrile gloves and removes the dressing			
Removes nitrile gloves and washes hands, or uses gel, or clinell™ Universal Wipes			
Puts on sterile apron and gloves			
Removes any sutures with suture cutter and disposes of in sharps box			

Procedure Removing a PICC or Mid Line	**CLIENT ASSESSMENT 1**	**CLIENT ASSESSMENT 2**	**COMMENTS: PASS/MORE PRACTICE**
Pulls PICC or Midline out gently, an inch or two at a time, changing hands as each inch goes by, so that fingers are always next to the exit site. This will prevent the catheter breaking. Looks for the blue tip at the end of the PICC line when removed.			
Stops if there is resistance or the blue tip is not present			
Resistance can be due to venospasm: Applies Warm pack to the patient's arm for approximately 5 minutes before re- trying			
Contacts venous access team for advice if there is still resistance (07769880038)			
Post- procedure	**CLIENT ASSESSMENT 1**	**CLIENT ASSESSMENT 2**	**COMMENTS: PASS/MORE PRACTICE**
Once the line is out, applies digital pressure to the site with sterile gauze for 3 minutes or until bleeding stops.			
Post- procedure	**CLIENT ASSESSMENT 1**	**CLIENT ASSESSMENT 2**	**COMMENTS: PASS/MORE PRACTICE**
Applies sterile occlusive dressing to prevent air entering the venous system			
Advises patient to keep wound dry for 24 – 28 hours until healed			
Documents the procedure			

PASS:

Signature: _____

Date: _____

** If the assessor, or yourself, consider you need more practice, this should be documented in the comments box below:

NEEDS PRACTICE:

Signature: _____

Date: _____

Competency Date _____

Signature of Assessor: _____

I confirm I have been competency assessed following training and feel confident to undertake this procedure

Client/ Representative/ Carers Signature:

Date:

Document Amendment History:

Issue	Status	Date	Reason for Change	Authorised
1	New	13 March 2001	New	Director of Nursing Community
1	Review	10 March 2015	2 yearly review	Community Skills Facilitator
2	Review	26 October 2015	Updated Logo – added PICC/Midline removal	Community Skills Facilitator
3	Revised	20 January 2017	Revised	Care and Clinical Policies Group
3		20 February 2018	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

> **"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.