

# Central venous access device (CVAD) passport

## Other formats

If you need this information in another format such as audio CD, Braille, large print, high contrast, British Sign Language or translated into another language please contact the PALS desk on 01271 314090 or at [rduh.pals-northern@nhs.net](mailto:rduh.pals-northern@nhs.net).

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Patient label	Consultant .....
	GP .....
	GP practice .....
	.....

## Your CVAD passport

It has been recommended that you have a central venous access device (CVAD) inserted as part of the care that you are receiving. The clinician inserting this device will explain the procedure and any potential problems to you. This passport aims to provide supporting information about the procedure and about the care of your device to help ensure it is managed safely.

**This passport will enhance continuity of your care between both the hospital and community settings. Please remember to take it to your hospital appointments to enable the staff to record any interventions with your device.**

## What is a central venous access device (CVAD)?

A central venous access device, or central line, is a long hollow tube which is placed into one of the large veins in the body. One end of the line remains outside the body and the other end is positioned inside a large vein, usually near to the heart.

The particular vein that is used, and the side of the body, will depend on the reasons that you require a central line. The best position and site for you will be discussed before the procedure. The doctor/nurse will check that the device is in the correct position before it can be used.

The main benefits are that the device is a secure and safe method for taking blood samples, administering medicines over a long period of time or for patients who need feeding into their veins. These devices can remain in place for many months while you are receiving treatment.

The need and reasons for the device will have been discussed with you but please ask us any questions and feel free to discuss any concerns you might have at any time.

## What are the different types of CVADs?

### PICC line (also known as a peripherally inserted central catheter)

A PICC line is inserted into a large vein in the upper arm. This procedure is carried out in the Seamoor Unit at NDDH or in the operating theatre. A PICC line can be removed either at home by your community nurse or in hospital by your nurse.



### Hickman line

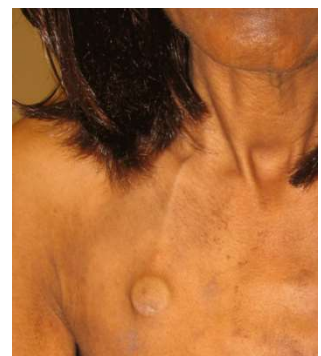
A Hickman line is inserted into one of your veins in the neck or under the collar bone. The procedure to insert and remove a Hickman line is carried out in the operating theatre.



### Portacath

A Portacath is inserted and removed in the operating theatre.

A Portacath has a port which is positioned just beneath the skin on the front of the chest, just below the collar bone. You will be able to feel the port as a lump under your skin and injections can be given via the port.



## Your vascular access device

Type of device  
inserted:

PICC

Hickman

Portacath

### Device insertion details

Date device inserted:	
If PICC, length of device inserted:	
If PICC or Hickman, length of device visible from insertion site:	
Ward/Dept:	
Device inserted by:	
Date of x-ray to check catheter tip (if required):	

Type of dressing	NHS Order code

Type of securing device for PICC (tick)	NHS Order code
Grip-lok	
Statlock	
Securacath	
Other	

Type of needlefree access device (bung)	NHS Order code

Type and length of access needle for Portacath	NHS Order code

Medication for flushing your device (please tick)	
0.9% sodium chloride only	
0.9% sodium chloride and heparinized sodium	

Special instructions:

### Removal of PICC details

Date and time PICC removed:	
Location:	
PICC removed by:	
Length of PICC checked and complete:	
CLIP score:	

## Are there any risks to having a CVAD?

The insertion of a CVAD is usually a safe procedure but it does carry some risks.

### **Failure to insert:**

On rare occasions it may be difficult to insert the device. This may result in multiple attempts or failure to place the device in your vein. The clinician will inform you of any alternative methods if they cannot insert the device.

### **Bleeding and bruising:**

As with any procedure that involves the insertion of a needle into a vein, some bleeding or bruising may occur. The amount of bleeding or bruising may be affected by the medications you are taking or your medical condition. It is important that you inform the clinician if you are taking any blood thinning medication such as aspirin or warfarin that may affect bleeding.

### **Dislodged device:**

Check at least daily how much of the line is visible. Please inform your nurse/doctor immediately if the length of the line changes.

### **Blood clot:**

On rare occasions, a blood clot can collect around the device. This would normally result in additional medical treatment. If your arm becomes swollen, please inform your nurse/doctor immediately.

### **Infection:**

The CVAD is a direct route into your body and sometimes it may become infected. This may result in additional medical treatment and removal of the device.

**If you have a fever and/or chills, please inform your nurse/doctor immediately.**

### **Blocked device:**

Sometimes your device may block; this will prevent the device from being used. Your nurse may be able to unblock it, but if it cannot be unblocked the device may have to be removed.

### **Damaged device:**

If the device is in place for a long time, breaks and damages can occur, although this is rare. The device may need to be replaced for these reasons.

### **Inflammation of the vein (phlebitis):**

Some patients may experience pain and/or redness along the vein in which the device sits. This may result in removal of the device. It is important to inform the nurse/doctor immediately.

## Care of your CVAD

Your device will need care to ensure that it is kept clean and working well. This will include changing the dressing, flushing the device with fluid and changing the extension set or bung. This will be done by the nurse who is administering your medication.

The transparent dressing must be kept dry at all times.

## When should I ask for help?

Your device will be removed at the end of your treatment. These devices rarely need removal due to problems. If you have any concerns or need advice regarding your device, please contact:

**Community nurse** .....

**Clinical team**.....

If these services are only available 9am – 5pm, Monday to Friday, you may need to contact NHS 111 outside these hours. Alternatively please contact:

.....

Please contact us if you notice:

- Redness, swelling or pain at the insertion site
- Oozing / discharge / bleeding from the insertion site
- Pain and / or swelling in your arm or neck on the same side of the body as your device
- Pain in your chest
- Fever or chills, especially when your device is being flushed
- The line appears longer than when it was inserted
- The line is leaking

## Record of care

Details of interventions with the CVAD should be recorded below as well as the appropriate nursing/medical records.

Date:	Performed by	Signature
Length of line from entry site		
Blood withdrawn		
Device flushed		
Dressing & line securing device changed		
Needlefree bung changed		
Comments		CLIPS

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## Central Line Infection Prevention Score (CLIPS)

Assessment	Score	Action
Site appears healthy	Good 0	<p><b>No sign of infection</b></p> <p>Observe &amp; record insertion site &amp; score each shift</p>
<p><b>Is one of the following evident?</b></p> <ul style="list-style-type: none"> <li>• Pain near insertion site</li> <li>• Erythema at insertion site</li> <li>• Serous discharge</li> </ul>	Caution 1	<p><b>Possible insertion site infection</b></p> <ul style="list-style-type: none"> <li>• Observe and record insertion site appearance &amp; score each shift</li> <li>• Take swab if red or discharge present, inform medical team</li> <li>• Drs to discuss with Microbiologist, if result is positive and continues to show signs of infection</li> <li>• Consider line removal &amp; replacement</li> </ul>
<p><b>Any of the following</b></p> <p><b>Insertion site:</b></p> <ul style="list-style-type: none"> <li>• Inflammation (pain, redness, swelling, induration, purulent discharge)</li> </ul> <p><b>Systemic symptoms with no other obvious source:</b></p> <ul style="list-style-type: none"> <li>• Hyperthermia &gt;38 °C / Hypothermia &lt;36 °C</li> <li>• Chills with rigors especially when flushing the line</li> <li>• Raised CRP and/or abnormal WCC (&gt;12.0 or &lt;4.0)</li> </ul>	Immediate action required 2	<p><b>Insertion site infection +/- Catheter suspected blood stream infection</b></p> <ul style="list-style-type: none"> <li>• Stop using CVAD if possible</li> <li>• Swab insertion site, escalate to medical team immediately</li> <li>• Obtain paired blood cultures , peripheral (or arterial in ICU) &amp; central venous access device.</li> <li>• Obtain bloods for FBC, CRP</li> <li>• Drs to discuss with microbiologist, initiate antimicrobial therapy if advised</li> <li>• If line removed due to suspected infection, send tip for culture and sensitivity</li> </ul>

## PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email [rduh.pals-northern@nhs.net](mailto:rduh.pals-northern@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

## Have your say

Royal Devon University Healthcare NHS Foundation Trust aims to provide high quality services. However, please tell us when something could be improved. If you have a comment or compliment about a service or treatment, please raise your comments with a member of staff or the PALS team in the first instance.

Tell us about your experience of our services. Share your feedback on the Care Opinion website [www.careopinion.org.uk](http://www.careopinion.org.uk).

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