

Central Line Maintenance: Tips for Navigating Practice Changes during COVID

Common themes that have come up during COVID CLABSI case reviews and/or during the ICU central line prevalence day:

- ❖ Overdue transparent dressings
- ❖ Overdue cap changes
- ❖ Overdue and not labeled tubing
- ❖ Curo caps missing
- ❖ Daily CHG treatment not documented at least once every 24 hours

New Considerations in COVID Care

Line Selection:

- ❖ Consider a more permanent line (PICC) for patients with an expected longer length of stay
- ❖ Consult R-VAT team: Pager VEIN (8346) or PICC (7422)

Pump Location:

- ❖ Preferred location is inside the room to optimize medication delivery and decrease infection risk of IV tubing on the ground and multiple access/connection points
- ❖ May externalize for critically ill patients on several high frequency titratable medications

IV Tubing Extension Set :

- ❖ Extension sets:
 - Labeled right after the manifold/stopcocks
 - Extension set and manifold/stopcocks changed with tubing change



Propofol:

- ❖ Preferred location is in the patient room
 - Eliminates the need for extension tubing use
 - Minimizes drug wastage with q12 hour tubing change
 - Minimizes multiple connection points and risk for fungemia development
- ❖ If you assume care of a patient with Propofol in the hallway:
 - With next scheduled Propofol tubing change, all tubing (primary, extension) and stopcocks/manifold need to be changed

Troubleshooting tips when caring for critically ill COVID patients:

Dressing maintenance:

- ❖ Hair removal from all areas under transparent dressing
- ❖ Use Aquaguard shower covering over dressings of patients with increased secretions
- ❖ Apply Cavilon No Sting Barrier Wipe to patient's skin where the border will come in contact with the skin in a windowpane fashion. This may increase the adherence of the dressing itself. Reapply with each dressing change.

