

CVAD assessment and documentation tool: inpatients

Complete a central venous access device (CVAD) assessment including:

- 9 Core assessment areas
- ✓ Inpatient: at least once per shift

Hospital ID: _____		MRN: _____	
Surname: _____			
Given names: _____			
Date of birth: _____		Sex: _____	AMO: _____

Pronouns: _____

Preferred names: _____

CVAD Insertion

Insertion date						
CVAD type	PICC	TIVAD	tc-CICC	CICC	A-CICC	tc-A-CICC
Location	Right	Left	Neck	Chest	Arm	Other:
No. of lumens	1	2	3	4	Other	Side Right Left
Catheter length	_____cm (external) _____cm (total)					Catheter tip Cavoatrial junction/upper R. atrium/distal superior vena cava Verified and documented for use
TIVAD non-coring needle size	_____mm _____gauge					

Removal

Removal date				Signature
Reason for removal	No longer required	Occlusion	Catheter migration	
	Accidental removal	Skin impairment	Associated systemic infection	
	Local infection	Thrombosis	CVAD associated systemic infection	
	Catheter failure/damage	Catheter tip malposition	Other	

Standard materials & solutions

Materials used for this patient						
Adhesive removal product	Yes	No	Product:			
Skin antisepsis	2% CHG & 70% IPA		0.5 CHG & 70% IPA		Other:	
Skin protection	Skin barrier film		Silicone adhesive padded material		Product:	
Antimicrobial disc/gel pad	Yes	No				
Securement	Adhesive engineered securement device			Subcutaneous engineered securement device		
	Tissue adhesive		Other:			
Dressing material	Flat semipermeable dressing		Bordered dressing		Other/alternate dressing material	
	Bordered dressing with antimicrobial gel pad					
Locking solution	0.9% sodium chloride		Heparin _____mg in _____mL		Taurolidine _____mg in _____mL	
	Taurolodine/citrate _____mg in _____mL		Other:			

CVAD Terminology	
PICC	Peripherally inserted central catheter
t-PICC	Tunnelled-Peripherally inserted central catheter
TIVAD	Totally implantable venous access device or portacath
tc-CICC	Tunnelled cuffed-centrally inserted central catheter
tc-A-CICC	Tunnelled cuffed-apheresis CICC
A-TIVAD	Apheresis-totally implanted venous access device
CICC	Centrally inserted central catheter
t-CICC	Tunnelled-Centrally inserted central catheter

Assessment

Date											
Time											
1. Is the CVAD still required?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
2. Is the dressing clean, dry and intact?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3. Is the exit site clean & no inflammation?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
4. Is the skin intact & no inflammation?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
5. Is the catheter secure, no obvious signs of migration?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
6. -Is each lumen or the CVAD patent?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
7. Are needleless connectors on each lumen?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
8. Are needleless connectors clean, secure?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
9. Are the IV lines labelled, secure?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Signature											

CVAD procedures

Dressing & needleless connector change		IV administration line/s (& filters)	
TIVAD: date non-coring needle inserted		Due date of needle change	

Dressing replacement

Date											
Time											
1. All dressing materials removed with nil signs of skin impairment?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
2. Skin antiseptis applied with no irritation?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3. External catheter length same as time of insertion?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
4. External catheter disinfected?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
5. All solutions allowed to fully air dry?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
6. Skin protection used as per standard material above?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
7. Catheter is secured?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
8. Antimicrobial disc/gel pad/material used as per above?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
9. Dressing material applied with nil issues?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Signature											

Needleless connector (NC) replacement

Date											
Time											
1. Distal catheter & NC disinfected & allowed to air dry?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3. NC removed & discarded?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
4. Catheter hub disinfected & allowed to fully air dry?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
5. NC replaced?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
6. Patency confirmed by (1) aspiration & (2) injection ability?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Signature											

TIVAD needle replacement

Date												
Time												
1. TIVAD deaccessed: non-coring needle removed if accessed?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
2. Skin antiseptis applied with no irritation?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
3. TIVAD accessed uneventfully?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
4. Patency confirmed by (1) aspiration & (2) injection ability?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
5. Dressing applied and non-coring needle secure?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
Signature												

IV administration line/s +/- filter replacement

Date												
Time												
1. Present IV administration line/s discarded?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
2. Medication/fluids checked as per local policy?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
3. IV administration line/s and medication/fluids assembled?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
4. Filter attached?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
5. Needleless connector disinfected & allowed to fully air dry?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
6. IV administration assembly attached to CVAD using ANTT®?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
7. IV administration line/s secured and labelled?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	No	No	No	No	No	No	No	No	No	No	No	No
Signature												

Additional comments or procedures:

Date	Time	Variation, intervention, patient response	Signature

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