CVAD assessment and documentation tool

HOSP ID:		MRN:
SURNAME:		
OTHER NAMES:		
DOB:	Sex:	AMO:

MRN BAR CODE

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

9 Core assessment areas

Inpatient: at least once per shift.

Outpatient: each visit or clinic appointment.

Home care: each home care visit.

Terminology:

PICC	Peripherally inserted central catheter
TIVAD	Totally implantable venous access device or portacath
tc-CICC	Tunnelled cuffed-centrally inserted central catheter / Tunnelled cuffed-central venous catheter
	Apheresis catheter
tc-Apheresis	Tunnelled cuffed apheresis catheter
CICC	Centrally inserted central catheter or Central venous catheter / CVC
FICC	Femorally-Inserted Central Catheter or Femoral Central Venous Catheter / CVC

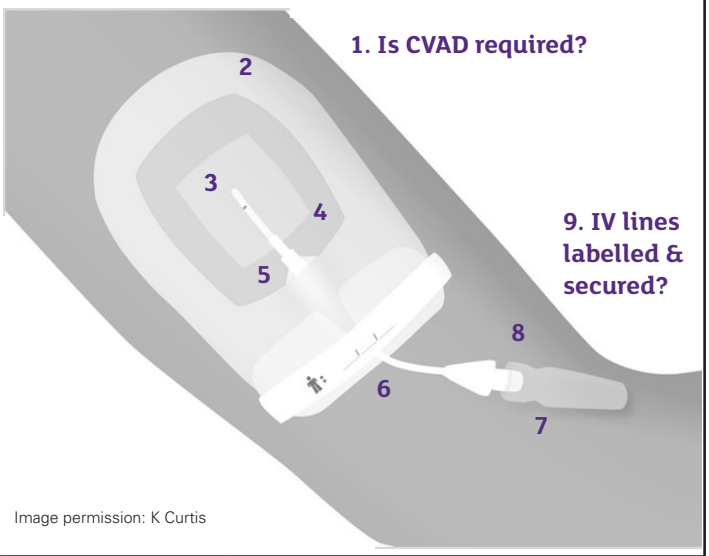

Image permission: K Curtis

CVAD Insertion

Insertion date			
CVAD type	☐ CICC ☐ t-CICC ☐ PICC ☐ tc-CICC ☐ TIVAD ☐ Apheresis CICC ☐ FICC ☐ tc-Apheresis CICC	**Location**	☐ Left ☐ Right ☐ Neck ☐ Chest ☐ Groin ☐ Arm ☐ Other
No. of lumens	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ Other		
External catheter length (cm)	At insertion: _____	**TIVAD non coring needle**	_____mm _____gauge

CVAD Removal

Removal date		**Signature:**	
Reason	☐ No longer required ☐ Occlusion ☐ Thrombosis ☐ Systemic CVAD infection ☐ Suspected CVAD infection ☐ Catheter migration ☐ Local infection ☐ Accidental removal ☐ Skin impairment ☐ Device failure ☐ Catheter tip malposition ☐ Other:_____		

Nine Core CVAD Assessment

Key: **Yes** - √ **No** - X ***AND*** document actions in section below **Not applicable** - **N/A**

Date												
Time												
1. Is the **CVAD** still required?												
2. Is the **dressing** clean dry and intact?												
3. Is the **exit site** clean & no inflammation?												
4. Is the **skin** intact & no inflammation?												
5. Is the catheter **secure,** without obvious signs of migration?												
6. Is each lumen or the CVAD **patent**?												
7. Are **needleless connectors** on each lumen?												
8. Are needleless connectors **clean**, **secure**?												
9. Are the IV lines **labelled**, **secure**?												
INITIALS:												

Due dates

Dressing & needleless connector **change due**		Date of TIVAD **needle insertion**	
IV line **change due**		TIVAD needle **change due**	

CVAD Procedures

DRESSING REPLACEMENT	**Date:**	**Time:**	**Initials:**
	Yes - √ **No** - X ***AND*** comment **Not applicable** - **N/A**		
Catheter exit site free from inflammation, exudate?			
Skin under dressing free from irritation or injury?			
External catheter length same as time of insertion?			
Catheter secured?			
Lumen/s – easy aspiration and injection?			
Needleless connector/s replaced?			
All dressing materials replaced?			
TIVAD needle replaced?	**Date:**	**Time:**	**Initials:**
Needle site free from inflammation, exudate?			
Skin under dressing free from irritation or injury?			
Patency - easy aspiration and injection?			
Needleless connector/s replaced?			
Dressing applied and needle secured?			
IV administration line change completed	**Date:**	**Time:**	**Initials:**
IV filters replaced	**Date:**	**Time:**	**Initials:**

Additional comments or extra procedures

DATE	TIME	ACTION	INITIALS

EQ-0297-12.20 SHPN (CI) 200807