ACCESSING A CVC/PICC/MIDLINE – NOT IN USE

LOCAL CVAD PROCEDURE ©

Practice Points:

- Standard precautions apply. ANTT must be applied at all times during set up and procedure.
- **Note:** The *small diameter* of Midlines and PICCs have an increased likelihood of clot formation. Midlines should not be routinely bled. PICCs and Midlines may be used for blood collection under the direction of the treating requesting Medical Team with consideration for smaller lumen sizes (particularly 3Fr/20 gauge (or less) having a higher risk of occlusion.
- **Note:** If Midline/PICC is heparin saline locked, heparinising the patient on flushing without discard is minimal due to small volume.
- Extension sets do not have to be routinely placed on Midlines, however may be used if additional infusions via the same line are required.
- Extension sets can routinely be used for PICCs if blood collection and/or additional infusions are required.

ALERT: *There is a risk of delivering a septic shower to patients when CVCs are accessed. This is due to the colonisation of microbes within the lumens of the CVC that are flushed into the circulation when the lumens are accessed. Signs and symptoms of septic showers include rigors, fever and hypotension.*

Equipment:

- Gather equipment as per ANTT risk Assessment –Standard or Surgical
- 2x Pre filled 0.9% sodium chloride 10mL syringes (2 per lumen 1x for flushing line 1x for priming NAD and extension pieces). Alternatively use 0.9% sodium chloride ampoule, drawing up needle and 10mL syringe
- 2 x 2% chlorhexidine gluconate in 70% alcohol (large) swabs.
- 1x Needleless access device (NAD)
- Extension set primed with compatible fluids, all values must be primed individually. (with 1 or 3 t-connector one way valves)
- 1x 10mL luer lock syringe (used for discard)
- Prescribed IV fluids and IV infusion set and extension set primed as per ANTT and on IV pole.

Procedure

Practice Point: Explain the intended procedure to the patient/family/carer and obtain verbal consent.

1. Set up as per ANTT risk assessment – Standard/Surgical
2. Perform hand hygiene and don gloves
3. Vigorously clean the entire NAD insitu and hub of CVC with 2% chlorhexidine gluconate in 70% alcohol swab for 20 seconds. Allow to dry.
4. Ensure CVC lumen is clamped. Remove old NAD and discard
5. While holding the CVC in a downward position take new 2% chlorhexidine gluconate in 70% alcohol swab and scrub the hub vigorously for 20 seconds and allow to dry.
6. PICCs and Midlines do not require lock solutions to be aspirated if not collecting blood. If not aspirating lock for PICC/Midline **ONLY**, skip steps 7,8 and 9.
7. Attach primed NAD with empty syringe attached.
8. Unclamp, withdraw 3mL of blood for discard. Remove syringe.

Practice Point:

Discard blood is not to be used for blood cultures and should always be discarded.

Practice Point:

Note: If resistance is encountered when attempting to obtain blood return from the CVC, reposition the patient, ask them to cough, take a deep breath or raise their arms over their head.

If unsuccessful, attempt flush with no more than 5mL of 0.9% sodium chloride then re-attempt aspiration. If still unsuccessful, abandon procedure and refer to CVAD Occlusion Management Pathway and the Occluded CVAD Section 4.2 in the CVAD Guideline.

9. If bloods are required, attach second 10mL luer lock syringe to the end of the NAD, and withdraw required amount of blood. Remove syringe.
10. Attach 10mL 0.9% sodium chloride syringe and flush using a pulsating technique.
11. Remove syringe from NAD.
12. Ensure primed extension set is attached, if required, to IV fluid prior to connecting to line
13. Complete process for multiple lumens if required

14. Remove gloves and perform hand hygiene
15. If clamped, unclamp and commence IV fluids
16. Discard waste in appropriate receptacles and return equipment to designated areas.
17. Document in patient's medical record as per minimum documentation requirements in Section 1.6 in CVAD Guideline.

Revision History

Version (date)	Approved by	Amendment notes *(summary of what was changed)*
11th May 2020	PPG Committee	No major practice changes for accessing CVADs from v5 of CVAD Guideline. Now presented in CVAD Local Procedure.
10th July 2020	CVAD Working Party	Included taurolock and blood culture collection practice point (p2)
18th September 2025	CVAD Working Party	Addition of clarification regarding discard of lock solutions when accessing PICC or midline not for blood collection and addition of wording advising discard volume NOT to be used for Blood Cultures.