

Vascular Access Device patient pathway recommendations

Device-Related Infection Prevention Practice (DRIPP)

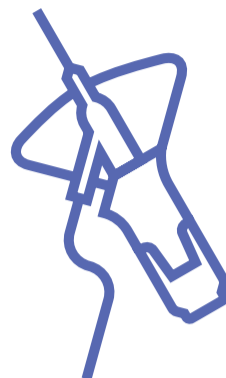


VAD assessment



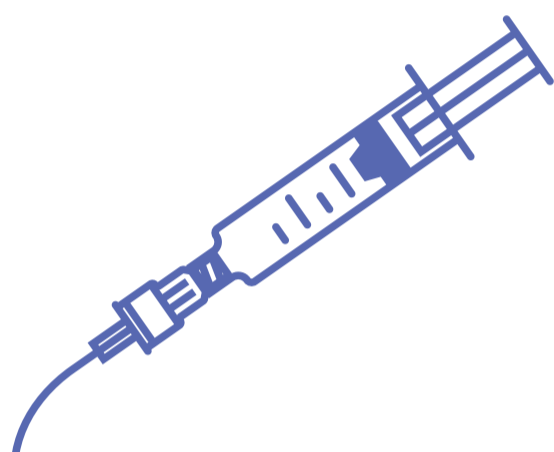
1. Assess need for device incorporating potential risk and vessel health and preservation^{1,2,3}
2. Select device with minimum access ports^{1,2}
3. Select smallest gauge catheter to minimise trauma^{1,3}

Insertion



1. ANTT (or other standardised aseptic technique) to be used for PIVC^{1,2,3,4}
2. Use maximal sterile barrier precautions for CVAD^{1,2,3}
3. Disinfect the skin with 2% CHG in 70% alcohol and allow to dry^{2,3}
4. Use sterile gel and ultrasound for CVADs and as required for PIVCs¹

Administration of medicines



1. ANTT (or other standardised aseptic technique) to be used for all access^{1,2,3,4}
2. Decontaminate hub with 2% CHG in 70% alcohol for 15 seconds and allow to dry^{2,3}
3. Designate a lumen for parenteral nutrition (PN) (lipids and amino-lipids)²
4. Change administration sets
 - 96 hours for continuous infusion^{2,3}
 - 12hrs for blood or when compromised or to change platelets^{2,3}
 - At completion of each bag of PN in 24hrs^{2,3}
5. Use sterile sodium chloride 0.9% to flush before and after administration^{1,3}

On-going maintenance



1. Use sterile care with semi-permeable adhesive dressing^{1,2,3}
2. ANTT (or other standardised aseptic technique) to be used for all dressing changes^{1,2,3,4}
Dressing to be changed every 7 days or sooner if compromised (e.g. loose or wet)^{1,2,3}
3. Consider CHG dressing for CVAD as a strategy to reduce CRBSI²
4. Device must be appropriately secured^{1,2,3}
5. Change needle-free connectors in accordance with local policy and procedures and in line with manufacturer's guidelines or if the integrity of the device is compromised³

Daily assessment



1. Inspect insertion site for signs of infection at least each shift^{1,2,3}
2. Document findings and actions^{1,3}

Removal of device



1. Re-site PIVC when clinically indicated and not routinely^{1,2,3}
2. Do not routinely remove and replace CVAD^{1,2,3}
3. Remove when no longer required^{1,2,3}

- Healthcare practitioners (HCP) should have the skills and knowledge and be competent to carry out all vascular access procedures that they undertake^{1,2,3}
- Information and education should be provided for patients and carers^{1,2,3}

ANTT - Aseptic Non Touch Technique, CHG - Chlorhexidine Gluconate, PIVC - Peripherally inserted venous catheter, CVAD - Central venous access device, CRBSI - Catheter related blood stream infection



Device-Related Infection Prevention Practice



ips Infection Prevention Society



- References
1. Gorski, L. A., Hadaway, L., Hagle, M., Broadhurst, D., Clare, S., Kleidon, T., Meyer, B., Nickel, B., Rowley, S., Sharp, E., & Alexander, M.A. (2021). Infusion therapy standards of practice. *Journal of Infusion Nursing*, 44(sup1)
 2. Loveday, H.P., Wilson, J.A., Pratt, R.J., et al. (2014). Epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals. *Journal of Hospital Infection*. S86,ppS1-S70
 3. Royal College of Nursing (RCN). (2016) Standards of Infusion therapy 4th Edition RCN. London
 4. Rowley S, Clare S. (2019) Standardizing the Critical Clinical Competency of Aseptic, Sterile, and Clean Techniques with a Single International Standard: Aseptic Non Touch Technique (ANTT®). *JAVA* 24(4)