

SaskKids Hematology Oncology Program Central Venous Access Device (CVAD) Teaching Checklist Initial Applicable Boxes

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Master Signatures					
Health Care Provider	Signature	Initials	Date		
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Caregivers	Relationship to Patient		Date		
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Caregiver Resources Provided					
□ CVL pamphlet					
□ COG Patient and Family Handbook					
□ COG KidsCare App					
☐ CVL Emergency Kit (<u>CS-PIER-00</u>	18)				
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Discharge Preparation					
CVL supplies (dressing change, flushes etc.)					
☐ Heparin Lock Orders and heparin flushes if needed					
☐ Next clinic appointment for line care if needed					
Additional Comments:					
					

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Competency	Initials	Date	Comments/Further Teaching Required
Assessment of CVAD			
Assesses skin around site for signs/symptoms of complication (redness,			
swelling, drainage, warmth, irritation, bruising/bleeding)			
Assess the CVAD dressing/securement device is dry and intact			
Assess for catheter migration or CVAD dislodgement			
Management of Complications			
☐ Identifies contents/use of CVL Emergency Kit			
Describes what to do if line breakage/leak			
Describes what to do if cap falls off			
\square Identifies what to do if dressing/securement device compromised			
Identifies who to call to assist with trouble shooting			
☐ Identifies when to seek emergency care (SOB, chest pain, fever etc.)			
Flushing and Locking (if applicable)			
Performs hand hygiene			
☐ Cleans needleless adapter with alcohol swab using friction and twisting motion for 15 seconds. Allows to dry.			
Attaches 10ml prefilled 0.9% sodium chloride syringe and flushes using push/pause technique			
If heparin lock is required repeats step to clean the needless adapter and flush with required amount of heparin to maintain CVAD patency			
Needless Adapter Cap Change (if applicable)			
☐ Gathers supplies			
Performs hand hygiene			
For clamped CVAD, ensures clamp is engaged			
Primes new needless adapter with 10ml prefilled 0.9% sodium chloride syringe			
Removes old needless adapter from patient's CVAD			
Scrubs hub of CVAD with alcohol swab for 15 seconds. Allows to dry			
Attaches new needless adapter while maintain aseptic technique			
☐ Flushes using push/pause technique and heparin locks if required			
CVAD Dressing Change			
☐ Gathers supplies			
Performs hand hygiene and removes old dressing using clean technique			
Assess insertions site for signs/symptoms of complication (redness, swelling, drainage, warmth, irritation, bruising/bleeding)			
Disinfect skin with 2% chlorhexidine/alcohol 70% swab stick using back and forth motion for 15 seconds. Allow to dry completely.			
Replace catheter stabilization device if required using sterile technique.			
Apply skin protectant to area for irritated/fragile skin or under catheter stabilization device			
Applies new dressing using aseptic technique ensuring not to stretch the dressing over the site			

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