

Please Briefly Review Procedure for Removing Central lines & Procedure if Air Emboli.

- Upon removal of the CVC, Universal precautions must be maintained to avoid contamination of the health care worker through exposure to blood borne pathogens.
 - * Aseptic technique is used at the insertion site to decrease chances of infection to the patient.
 - * Dressing is to remain in place 24-72 hours according to length of time that catheter was in place.
 - * Observe patient post removal for the following i.e S&S of bleeding, air embolism or infection of at the site.
- **EQUIPMENT:** Sterile dressing pack Air occlusive dressing i.e. tela gauze with antimicrobial ointment
Hibitane solution one pair sterile gloves
Rubbish bin Sterile jar to collect catheter tip if infection is suspected
Stitch cutter for removing sutures Sterile scissors

PROCEDURE:

- * Place patient in Trendelburg or supine position.
- * Instruct patient to preform Valsalva maneuver or to hold breath on command.
- * If tip of catheter to be sent for cultures have sterile equipement ready.
- * If tip to be cultured prep skin around site with aseptic solution and remove catheter at 90 degree angle
- * Remove suture holding in CVC while insuring CVC does not accidently migrate out. Ensure all suture material has been removed.
- * As catheter is removed ask patient to preform Valsalva maneuver or to hold breath.
- * Immediately cover area with sterile guaze to apply pressure to area.
- * Cover the site with occlusive drsging while patient is still reforming Valsalva maneuver.
- * Reposition patient.
- * Chart that central line has been removed time, date and condition of catheter. Chart type of catheter removed. Chart condition of patients skin i.e. swelling, redness or discharge.

Ref:

Arrow International, Inc.(12/ 94), *Central Venous Catheter Nursing Care Guidelines* , Catheter Removal, pg.131-133

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In regard to an ensuing venous air embolism:

Symptoms:

- precipitous change in mental status
- hypoxia, cyanosis respiratory distress or arrest
- hemodynamic instability: hypotension as severe as full arrest.

Emergency treatment:

- call for help, occlusive dressing on the insertion site
- place patient in L side down Trendelenburg position (traps air in the apex of the R atrium)
- apply 100 % O₂ either as high flow O₂ through a non rebreather mask (the one with the inflatable clear plastic bag attached to it or bag-mask the patient (make sure high flow O₂ -the green wall outlet- is attached to it) in the apneic patient
high flow O₂ = 15 L/min
- perform CPR in the arrested patient immediately, for that of course lie the patient flat. CPR will break up the big bubble, which functions as an air lock and prevents blood from circulating in the pulmonary vasculature
- give IV volume
- let the code team decide when it is safe to transport patient to the ICU

CORDIS INTRODUCERS are only acceptable in the ICU, they MUST be removed before the patient is transferred out of the ICU.