PROCEDURE FOR REMOVING CENTRAL LINES

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 is 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 equipment 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:

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 INTRODUCTERS are only acceptable in the ICU, they MUST be removed before the patient is transferred out of the ICU.
Oregon Health & Science University
Department of Surgery

OHSU Nursing Requests for 2014-2015 Surgery Residents

The nurses who responded with the following suggestions wanted to offer you a warm welcome to OHSU. The nurses want to be viewed as your partners in the provision of healthcare to OHSU patients, they encourage you to feel comfortable asking them if there is something you don’t know. They all have chosen to work in a teaching hospital in order to be part of the educational process. The nurses want you to remember that they are here as part of the team with the same goal of recovery of the patients.

Communication:

When you are on a new unit, introduce yourself, particularly to the staff nurse who is caring for the patient or patients you are seeing.

Collaborative communication will save you time in the long run.

Treat patients and their families as if they were members of your family.

Speak with your patient and family, seek eye contact and give gentle reassuring touches.

Remember the confidentiality rules apply in elevators, cafeteria lines, and any group gathering.

If you have particular concerns about a patient, explain those concerns to the nurse caring for the patient and involve the nurse in the development of the care plan. This allows for the R.N. to be able to go over the care plan with the family and allows you more time for other responsibilities.

When you arrive on the patient care units to do rounds, let the Health Unit Coordinator (aka Unit Secretary) know so that the Coordinator can let the staff nurses know of your presence. This will allow the nurses caring for the patients to ask questions at the time of the rounds versus having you paged later.

If a procedure or surgery time is changed, please advise the nursing unit of the change.

Remember when you send a text page through the Smart Web paging system; the message is public information, which can be viewed by the telecommunications operators. Also, the messages are archived and stored and can be retrieved for review.

Nurses prefer to be called by their name versus “honey”, “sweetie” or “hey you”.

Patient Safety:

Many of the respondents requested that a reminder be given regarding the importance of hand washing and good isolation technique (utilization of gowns, gloves and masks as indicated). The nurses are aware that you are pressed for time and these measures take time, but they decrease the risk of hospital-acquired infection for the patients.
Make certain that you use only accepted abbreviations. Most of the patients’ medical records have a list of the accepted abbreviations.

Avoid doing verbal orders. There is always the potential for error unless the order is written on the medical record.

Wear your name badge where patients, families and staff can read it.

If the nurse tells you that there is something wrong with the patient, believe him or her and check the patient.

**Suggestions to decrease the number of pages you receive:**

When writing an order for a pain medication, include prn orders for an anti-emetic and a stool softener.

Don’t forget to review patient allergies.

Check with the nursing unit before you leave after rounds to see if there are any questions or concerns.

Let the nurses know when they are to call Dr. ________________ after 5 pm so you don’t get paged and the patients get the care they need in a timely fashion.

When you are rotating at one of the affiliated teaching hospitals, change your OHSU pager to read “out of hospital, not available”.

When you write discharge orders, be sure that you have completed all the paperwork for the discharge to happen. This will make the patients, their families and the nursing staff quite happy.

Touch base with the nursing unit where your patients are located before going home or to the call room to see if there are issues that need to be resolved. This will decrease the number of pages you receive and will allow you more time for uninterrupted sleep.

**Discharging patients to home**

When discharging a patient, remind them of the 11:00 am discharge time. Make certain that all prescriptions and discharge paperwork is completed after rounds so that the patient can be discharged as early as possible.

Never tell a patient that it is okay to stay an extra day because they don’t have a ride available. If the patient tells you they don’t have a ride, have the patient care unit staff contact the Case Manager to assist in resolving this problem.