

Dressing change for PICC or CVC

Skills checklist

	Preparation	Complete	Initials
1	Gather appropriate supplies: <ul style="list-style-type: none">– Central line dressing change kit– New, clean gloves	<input type="checkbox"/>	_____
2	Perform hand hygiene on entry to room. Don clean gloves.	<input type="checkbox"/>	_____
3	Explain procedure to the patient.	<input type="checkbox"/>	_____
4	Open kit on a clean surface and remove glove packet and mask while maintaining kit asepsis.	<input type="checkbox"/>	_____
5	Remove gloves and set them away from any sterile fields.	<input type="checkbox"/>	_____
6	Put on mask.	<input type="checkbox"/>	_____
7	Remove dressing by pulling toward the insertion site.	<input type="checkbox"/>	_____
8	Remove securement device per manufacturer's instructions for use, maintaining control of the catheter (<i>if applicable</i>)*.	<input type="checkbox"/>	_____
9	Assess site for signs of infection or drainage, and take note of external length.	<input type="checkbox"/>	_____
10	Remove and discard soiled gloves.	<input type="checkbox"/>	_____
11	Perform hand hygiene.	<input type="checkbox"/>	_____

Dressing change

Complete

Initials

		Complete	Initials
12	Don sterile gloves.	<input type="checkbox"/>	_____
13	Cleanse skin with antiseptic solution [†] using a back-and-forth motion for 30 seconds.*	<input type="checkbox"/>	_____
14	Allow skin to completely air dry.*	<input type="checkbox"/>	_____
15	Apply skin protectant (<i>if applicable</i>) to an area larger than the securement device anchor pad, allowing it to dry to the touch.*	<input type="checkbox"/>	_____
16	Apply securement device (<i>if applicable</i>) to: 1. the PICC/CVC then 2. the patient's skin.	<input type="checkbox"/>	_____
17	Apply antimicrobial dressing (<i>if used</i>) following manufacturer's instructions for use.*	<input type="checkbox"/>	_____
18	Apply dressing to cover insertion site and catheter bifurcation.	<input type="checkbox"/>	_____
19	Apply a precut securement tape strip under the extension legs and over the dressing border.	<input type="checkbox"/>	_____
20	Label dressing with date and initials.	<input type="checkbox"/>	_____
21	Discard supplies.	<input type="checkbox"/>	_____
22	Remove gloves and mask, and wash hands.	<input type="checkbox"/>	_____
23	Document procedure in the patient's record.	<input type="checkbox"/>	_____

Name and title

Date

Unit

Trainer name

*Please consult manufacturer's instructions for use (IFU) and facility protocols.

[†]Do not use in patients with known allergies to chlorhexidine gluconate or isopropyl alcohol.

Note: This document is for informational purposes only and is not intended to be a substitute for clinical judgment and expertise.

For hospital clinician use only

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