CENTRAL VENOUS CATHETER: SUBCLAVIAN: REMOVAL OF

POLICY:

Registered Nurses employed at MMSC may remove Subclavian catheters under the described circumstances.
A. The nurse has completed an appropriate inservice, successfully demonstrated competency and documentation is contained in the nurses’ personal file.
B. Procedure has been ordered by the physician.

PURPOSE:

Removal of line when therapy is completed.

SUPPORTIVE DATA:

1. Check two forms of patient identification prior to procedure.
2. Performed at bedside by physician or registered nurse under aseptic technique to remove the line and prevent air embolus.
3. Assess patient for comfort level prior to procedure. Consider premedication. Assess for comfort after procedure and intervene as is appropriate.

EQUIPMENT LIST:

Pressure dressing/tape
Sterile gloves
Instrument set
4 x 4 gauze
Sterile towels
Sterile specimen container
Alcohol/Chloraprep

CONTENT:

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<tr>
<th>Procedure Steps</th>
<th>Key Points</th>
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<tr>
<td>1. Place patient in supine position. Turn off infusions.</td>
<td>1. Helps prevent air embolus.</td>
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<td>2. Wash hands.</td>
<td>2. Prevent contamination of catheter and insertion site.</td>
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<tr>
<td>Remove dressing</td>
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<tr>
<td>Wash hands</td>
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<tr>
<td>Don gloves</td>
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<tr>
<td>Drape chest with sterile towel</td>
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<td>3. Cleanse site with alcohol sponge or chloraprep.</td>
<td>3. Take care to avoid cutting central line.</td>
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<td>Clip and remove sutures.</td>
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4. Gently remove catheter with patient performing Valsalva maneuver. Apply pressure for 5-10 minutes then cover insertion site with pressure dressing for 24 hours.

4. Gentle removal is less likely to cause venous spasm and helps prevent breakage of catheter. Having the patient perform Valsalva’s maneuver as the catheter is withdrawn to prevent an air embolism. Keep the site covered for 48 hours. After healing has occurred (usually 24 hours) a bandaid may be kept over the exit site. If resistance is met, stop, cover area with dressing and notify physician. Dressing prevents air embolus.

5. If ordered, send catheter tip to lab for culture in sterile cup.

6. Take vital signs within 15 minutes of removal of central venous catheter.

6. Consider bleeding, hematoma or signs/symptoms of large vessel injury if vital signs abnormal.

DOCUMENTATION:

Document in CPSI how patient tolerated procedure and condition of insertion site. Document on CPSI IV flow chart.

REFERENCES:

Nursing Procedures, 4th Ed, 2004
Journal of IV Nursing – Stands of Practice, January/February 1998, Volume 21

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