

NCCU CLINICAL GUIDELINES  
SECTION: 5

**VENOUS AND ARTERIAL ACCESS, SAMPLING AND  
LINE MANAGEMENT**

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Dressing changes for CVAD  
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Neonatology Clinical Guidelines  
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## DRESSING CHANGES FOR CVAD

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Changing of catheter dressing site is a 2 person surgical aseptic technique and can be performed by an NNT deemed competent in the care of central venous catheters. [See Infection Control Manual - Framework for Aseptic Technique](#)

Medical staff must be notified prior to the dressing being changed.

### KEY POINTS

- The use of transparent semi permeable dressings, allow visualisation of the insertion site and require less changes than gauze dressings. If the transparent semi permeable dressing is intact and the site is well covered, it can be left in place for the duration of the catheter life.
- If gauze is used under the occlusive dressing, the dressing must be changed weekly.
- Care must be taken when removing semi permeable dressings from the exposed areas of coiled catheter. The catheter sheath can tear or catheter can be dislodged.
- If the catheter breaks it should be removed and a medical officer should be informed immediately. If the catheter is not visible outside the infant, pressure should be applied over the catheter track and a medical officer informed immediately.
- If the CVC is in the neck area, a rolled wrap placed under the infant's shoulders will expose the neck.

### EQUIPMENT

- Trolley
- Dressing pack
- Sterile gloves x2
- Appropriate size transparent semi permeable dressing
- Skin sutures
- Skin cleanser as per NICU guidelines
- Sterile normal saline
- Fixomull tape optional
- Sterile clear plastic drape
- Adhesive remover swabs
- Sterile pad for under hub of catheter

### PROCEDURE

1. Swaddle infant and consider pain relief such as use of sucrose.
2. A second assistant may be required if the infant is very mobile. It may be necessary for one of the assistants to assist.

3. Assistant can soak the fixomull with adhesive remover and then peel off.
4. Open sterile dressing pack. Open sterile gloves onto separate cleaned surface.
5. Prepare dressing pack. Cut appropriate sized circle in the clear plastic drape
6. Place sterile drape from dressing pack under the limb, ensuring that the sterile field is maintained.
7. Clean the limb and semi permeable dressing with appropriate skin cleanser. The assistant may hold the limb by using the sterile drape.
8. Apply the transparent drape taking the limb through the centre cut out circle.
9. Use adhesive remover to lift 2 edges of the dressing. Stretch the dressing in an upward motion this allows for ease of removal. Take care not to pull or tear the catheter sheath.
10. Wipe away any dried blood with gauze or sterile swab sticks and sterile normal saline. Clean the skin and catheter with appropriate skin cleanser taking care to ensure the catheter is not pulled back. Allow to dry. If the skin sutures need to be replaced gently peel them off with the forceps and clean skin and catheter with the appropriate skin cleanser, allow to dry. Replace skin sutures using sterile forceps. It is easier to remove and replace the one closest to the exit site first before removing and replacing the others. It may be necessary for the assistant to place a sterile dry swab stick to hold the coiled catheter in place while placing the skin sutures. The sterile pad may need to be replaced under the hub.
11. Ensure the site and catheter are dry, that the catheter is coiled but not kinked. Place new occlusive dressing over catheter site and catheter including hub. Secure edges with fixomull (optional).
12. If there is any doubt about catheter placement, report to doctor as an x-ray to confirm position may be required.