

ASEPTIC CHECKLIST FOR USE IN PLACEMENT OF PERCUTANEOUS AND UMBILICAL LINES

(Central Line Insertion Bundle)

For general guidance on central line insertion please refer to Badger:
Reference Library>Circulatory>Vascular Access/Sampling>Arterial/Venous/Long Lines

Baby Name/Identifier Label

This checklist should be completed by an observer (doctor or nurse) who may also assist in preparation and holding the baby during the procedure.

Aim: Successful aseptic line insertion with no need for adjustment

If the answer to any of the questions below is no:

Restart the procedure at the last stage at which you were confident of aseptic technique

	Yes/No
1. Has the correct measurement been obtained to ensure catheter will not need to be adjusted after placement?	
2. Has a surgical hat and facemask been donned?	
3. Did appropriate hand hygiene take place with surgical scrub and sterile hand towel?	
4. Have a sterile gown and 2 sets of sterile gloves been donned?	
5. Has the equipment been prepared and placed on the procedure trolley aseptically?	
6. Is the incubator/cot side down before starting to ensure optimal access to the baby?	
7. Has the site been prepared with the appropriate cleaning solution in adequate coverage and allowed to dry?*	
8. Are the top gloves removed prior to placing the sterile drape?	
9. Has the hole size in the sterile drape been minimised using clips?	
10. Has a separate introducer needle been used for each skin puncture and a separate catheter for each attempt at introduction?	
11. Does the catheter remain free from contact with any non-sterile surfaces and any non-cleaned body parts?	
12. Do the gloves remain free from contact with any non-sterile surfaces and any non-clean body parts?	
13. For Umbilical Lines only: Has the line been fixed in securely? *	
14. For long lines only: a. Has the oozing from the site stopped before application of the dressing? b. Has the catheter been fixed in position with a sterile dressing, covering all visible silastic catheter including the fixation wings, prior to x-ray?*	
15. Has the line insertion been documented in Badger?	
16. Has the line tip position been documented in Badger?	
17. If the line position has to be adjusted following x-ray, have all the aseptic precautions listed above been adhered to?	
Name of person inserting line	
Name of observer	
Date	

*see back page

Author: Claire Smith; Implementation Date:19 6 20 Review date:19 6 30

Type of Line (circle) : UVC / UAC / Long Line

Baby name/identifier label

CENTRAL LINE MAINTENANCE BUNDLE

For general guidance on central line maintenance please refer to Badger:

>Reference Library>Circulatory>Vascular Access/Sampling>Long Lines>Management of Central Venous Catheter Site

Line type:

- UVC
- UAC
- Long line
- Surgical

Date:	Day 1		Day 2		Day 3		Day 4		Day 5		Day 6		Day 7	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Has a clinical decision been made that the line is still needed today?														
Has this been documented in the daily clinical ward round or the feeding chart?														
Is the dressing clean and intact?														
For long lines: does the dressing cover all of the visible silastic catheter and the fixation wings?*														
Has the dressing been changed today? (see NNU guidelines)														
Has surgical ANTT been used to access the site, with a 2 person technique, for all line maintenance/access procedures?														
Has the Hub been cleaned for 30 seconds and <i>allowed to dry for 30 seconds</i> using 2% chlorhexidine in 70% alcohol prior to access?*														
How often has the line been accessed in this shift?														
Has effective hand hygiene been used every time?														
Initials														

*See back page

Baby name/identifier label

CENTRAL LINE MAINTENANCE BUNDLE

For general guidance on central line maintenance please refer to Badger:
>Reference Library>Circulatory>Vascular Access/Sampling>Long Lines>Management of Central Venous Catheter Site

Line type:

- UVC
- UAC
- Long line
- Surgical

Date:	Day 8		Day 9		Day 10		Day 11		Day 12		Day 13		Day 14	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Has a clinical decision been made that the line is still needed today?														
Has this been documented in the daily clinical ward round or the feeding chart?														
Is the dressing clean and intact?														
For long lines: does the dressing cover all of the visible silastic catheter and the fixation wings?*														
Has the dressing been changed today? (see NNU guidelines)														
Has surgical ANTT been used to access the site, with a 2 person technique, for all line maintenance/access procedures?														
Has the Hub been cleaned for 30 seconds and <i>allowed to dry for 30 seconds</i> using 2% chlorhexidine in 70% alcohol prior to access?*														
How often has the line been accessed in this shift?														
Has effective hand hygiene been used every time?														
Initials														

*See back page

Antiseptic solutions

Umbilical Line Insertion	0.05% chlorhexidine in aqueous solution. Allow to dry for 30-60 seconds then wash away with sterile water. NB Please note this is a different solution to 0.5% chlorhexidine in alcohol. Alcohol should not be used for umbilical lines.	Ensure the baby is NEVER lying in a pool of solution as this can cause severe burns. Soaked material should be removed from under baby and replaced with dry swabs for duration of procedure
Long Line Insertion	0.5% chlorhexidine in 70% alcohol, allow skin to dry for 30-60 seconds, then wash away with sterile water.	Ensure that the limb is NEVER lying in a pool of solution as this can cause severe burns. Soaked material should be removed from under baby and replaced with dry swabs for duration of procedure.
Dressing change	2% chlorhexidine in 70% alcohol solution	
Accessing central lines	2% chlorhexidine in 70% alcohol wipes	

UVC Length Guide

Length of UVC cm = (1.5 x birthweight in kg) + 5.5

Central Line Tip Position

	Optimal tip position
Long Line inserted in arm or scalp	Within the SVC but above the level of T4 vertebrae AND Not within the cardiac shadow
Long Line inserted in leg	Within the IVC but below T9 AND Lie to the right side of the spinal column
UVC	Just above the diaphragm Not within the cardiac shadow Not within the liver shadow

Aseptic Non Touch Technique for Accessing Lines

- Aim is asepsis
- Ensure good hand hygiene throughout
- Use surgical ANTT, critical aseptic field
- Protect key parts and key sites
- Scrub the hub for **30 seconds** and **allow to dry for 30 seconds**

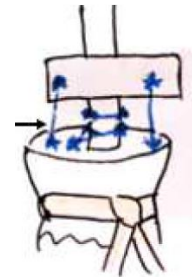
Central lines should always be kept away from the nappy area and any other potential sources of contamination.

Appropriate Line Fixation

UVC fixation:

See Badger UVC insertion guideline for full method.

The fixed UVC should look like:



Long line fixation:

The clear sterile dressing should cover *all* visible silastic catheter including the fixation wings.

