

Tunneled Catheter – Gauze Dressing

PURPOSE

To keep the catheter exit site clean, stabilize catheter and minimize the risk of infection.

POLICY

1. The procedure shall be completed by an RN who is competent in performing the site care and dressing changes. Where appropriate, and with a specific physician's order, the caregiver may be instructed to perform this procedure.
2. This is a sterile procedure which requires the use of sterile gloves. It is strongly recommended that the nurse and the patient wear a mask during the procedure. If the patient is unable to do so, they should be instructed to turn their head away from the catheter exit site.
3. The gauze dressing shall be changed every 48 hours or sooner if the integrity is compromised.
4. Tape or a transparent dressing may be applied over the gauze surface securing all edges.
5. A gauze dress may be preferable:
 - a. When there are sutures or Steri-Strips® securing the catheter
 - b. If there is drainage or erythema at the site
 - c. If the patient is sensitive to transparent dressings
 - d. For patients that are diaphoretic or have oily skin
6. Formulations containing a combination of alcohol (ethyl or isopropyl) and either chlorhexidine gluconate or povidone-iodine are preferred for skin disinfection.
7. The use of chlorhexidine gluconate in infants weighing less than 1000 grams has been associated with contact dermatitis and should be used with caution in this population.
8. For neonates, isopropyl alcohol or products containing isopropyl alcohol are not recommended for access site preparation. Povidone-iodine or chlorhexidine gluconate solution is recommended but requires complete removal, after the preparatory procedure, with sterile water or sterile 0.9% sodium chloride to prevent product absorption.

EQUIPMENT

Liquid soap and sanitizing hand gel

Central Line Dressing Kit (pre-packaged), or the following supplies:

2 pair of sterile gloves

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1 sterile barrier

1 packet of chlorhexidine cleanser (Chloraprep®), 1 packet of alcohol swabsticks or 1 packet of povidone-iodine swabsticks

Transparent dressing 1 - Antimicrobial or Chlorhexidine disc

1-inch tape

2 masks

2x2 gauze

PROCEDURE

1. Explain the procedure to the patient.
2. Put on mask; have patient put on mask or turn head away from the site, as appropriate.
3. Wash hands thoroughly with soap and water. Dry with clean paper towel.
4. Working on a clean, dry surface, open pre-packaged dressing kit (or use supplies listed above); arrange supplies.
5. Loosen outer dressing being careful not to pull on the catheter. Put on sterile gloves and remove remainder of dressing, stabilizing catheter with gloved finger and pulling dressing off towards the exit site.
6. Inspect the site for edema, erythema, bleeding or exudate.
7. Remove soiled gloves. Wash hands with sanitizing gel or soap and water.
8. Put on new pair of sterile gloves. Open package of chlorhexidine cleanser, alcohol or povidone-iodine swabsticks, as applicable.
9. Taking care not to dislodge the catheter, use firm pressure to scrub the skin around the catheter exit site, covering an area as large as the dressing to be applied. It is helpful to use an alcohol swabstick first, as this removes adhesive and oily deposits on the skin. Use the chlorhexidine cleanser next for approximately 30 seconds (or povidone-iodine for 2 minutes), allowing the solution to dry thoroughly before proceeding.
10. If desired, a skin protective solution such as Skin-Prep® may be applied to the cleansed area. Allow to dry thoroughly. Apply antimicrobial or Chlorhexidine disc.

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11. Place the gauze 2x2 directly over the catheter exit site.
12. Place tape over the gauze surface, securing all edges or apply a transparent dressing over the exit site and secure the edge of the dressing with a split piece of tape to occlude the border where the catheter exits from the dressing.
13. Coil the exposed length of the catheter over the dressing and tape securely.
14. Document the procedure in the patient's medical record.

RESPONSIBILITY

The Clinical Specialist has the responsibility for approval of, compliance with, and revisions to this policy.

MODIFICATION/REVISION

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the effective date of this policy.

REFERENCES

1. Infusion Nursing Standards of Practice – Revised 2016; Journal of Infusion Nursing, Supplement to January/February 2016, Volume 39, Number 1S.
2. Infusion Nursing: An Evidence-Based Approach, Third Edition edited by Mary Alexander, Ann Corrigan, Lisa Gorski, Judy Hankins, and Roxanne Perucca.
3. INS (Infusion Nurses Society) Policies and Procedures for Infusion Nursing, 3rd Edition.