Central Line Maintenance: Tips for Navigating Practice Changes during COVID

Common themes that have come up during COVID CLABSI case reviews and/or during the ICU central line prevalence day:
- Overdue transparent dressings
- Overdue cap changes
- Overdue and not labeled tubing
- Curos caps missing
- Daily CHG treatment not documented at least once every 24 hours

New Considerations in COVID Care

Line Selection:
- Consider a more permanent line (PICC) for patients with an expected longer length of stay
- Consult R-VAT team: Pager VEIN (8346) or PICC (7422)

Pump Location:
- Preferred location is inside the room to optimize medication delivery and decrease infection risk of IV tubing on the ground and multiple access/connection points
- May externalize for critically ill patients on several high frequency titratable medications

IV Tubing Extension Set:
- Extension sets:
  - Labeled right after the manifold/stopcocks
  - Extension set and manifold/stopcocks changed with tubing change

Propofol:
- Preferred location is in the patient room
  - Eliminates the need for extension tubing use
  - Minimizes drug wastage with q12 hour tubing change
  - Minimizes multiple connection points and risk for fungemia development
- If you assume care of a patient with Propofol in the hallway:
  - With next scheduled Propofol tubing change, all tubing (primary, extension) and stopcocks/manifold need to be changed

Troubleshooting tips when caring for critically ill COVID patients:

Dressing maintenance:
- Hair removal from all areas under transparent dressing
- Use Aquaguard shower covering over dressings of patients with increased secretions
- Apply Cavilon No Sting Barrier Wipe to patient’s skin where the border will come in contact with the skin in a windowpane fashion. This may increase the adherence of the dressing itself. Reapply with each dressing change.