



# Central Venous Access Flowsheet

Nursing Unit: \_\_\_\_\_

Type of central line:  External CVC  Short term CVC  Implanted port  
 dialysis/apheresis CVC

Insertion date: \_\_\_\_\_ suture removal date: \_\_\_\_\_

Number of Lumens:  single  double  triple

Dressing Change day: \_\_\_\_\_

Emergency Teaching done/reviewed – date: \_\_\_\_\_

Place a check mark ✓, letter, or time where applicable

Mark /if not applicable

NN = Refer to Nurses Notes

PICC  Cuffed PICC

PICC Insertion Information as per Insertion Record:

Insertion site: \_\_\_\_\_

date inserted: \_\_\_\_\_

size:  2 Fr  3Fr  4 Fr  5 Fr

Number of Lumens:  single  double  triple

catheter length: \_\_\_\_\_ cm

external length mark: \_\_\_\_\_ cm

Month and Year: _____ date																		
Dayshift/Nightshift (D/N) or Outpatient (OP)																		
Assessment	Insertion site free of pain, redness, swelling																	
	Phlebitis Scale (PICC only) see reverse of form																	
	Pain Score related to exit site																	
	Dressing dry and intact, line secure																	
	PICC external length (cm mark at exit site)																	
	Emergency clamp and sterile gauze readily available																	
Routine Care	Heparin flush & Swabcap:																	
	*Blood sampling:																	
	Dressing Change (weekly and prn)																	
	Tubing change/Cap change (every 96 hrs and prn)	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
	Implanted port: deaccessed (D) or Needle change: note gauge/length																	
	Complications	Temperature above 38.5°																
Withdrawal occlusion (unable/difficult to withdraw blood)																		
Unable to infuse/flushes with effort/frequent occlusion alarms																		
Catheter dislodged: tip intact (indicate length if PICC)																		
Other:																		
Interventions	Swab sent: exit site																	
	Blood cultures drawn: central (c)/peripheral (p)																	
	Group and Screen/Cross-Match drawn																	
	Antibiotics: started (s)/changed (ch)/no change (nc)																	
	t-PA/EtOH/HCL/NaHCO <sub>3</sub> (chart in NN)																	
	Catheter removed: tip intact (indicate length if PICC) Removed by: _____																	
	Vascular Access team notified (time)																	
RN initials																		

**\*NOTE: Blood sampling from a PICC will be done using Syringe Method only from:**

- Single PICCs 3 Fr or larger OR Double PICCs 4 Fr or larger using the larger lumen (20 G or larger) ONLY for sampling.

White copy: Health Records Yellow copy: Oncology clinic for oncology/hematology patients; Vascular Access Team all others

<b>Phlebitis Scale</b> (Infusion Nursing Society Standards, 2006)	
<b>Grade</b>	<b>Clinical Criteria</b>
0	No symptoms
1	Erythema at access site with or without pain
2	Pain at access site with erythema and or edema
3	Pain at access site with erythema and or edema; Streak formation; Palpable venous cord
4	Pain at access site with erythema and or edema; Streak formation; Palpable venous cord >1" in length; Purulent drainage

<b>Abbreviations</b>	
cm	centimeter
prn	As needed
Fr	French
CVC	Central Venous Catheter
VAD	Vascular Access Device; Implanted port
PICC	Peripherally Inserted Central Catheter
CXR	Chest X-Ray
t-PA	alteplase
EtOH	ethanol
HCl	Hydrochloric acid
NaHCO <sub>3</sub>	Sodium bicarbonate
G	Gauge