



## MANITOBA RENAL PROGRAM

<b>SUBJECT</b> <ul style="list-style-type: none"> <li>▪ Removal of Non-Tunnelled Hemodialysis Central Venous Catheters</li> </ul>	<b>SECTION</b> 30.20 Vascular Access
	<b>CODE</b> 30.20.07
<b>AUTHORIZATION</b> <ul style="list-style-type: none"> <li>▪ Professional Advisory Committee, Manitoba Renal Program</li> <li>▪ Nursing Leadership Council, St. Boniface General Hospital</li> </ul>	<b>EFFECTIVE DATE</b> June 2005
	<b>REVISION DATE</b> May 2009 April 2012 September 2014 March 2017

### PURPOSE:

1. To provide for safe removal of non-tunnelled hemodialysis central venous catheters.

### POLICY:

1. Registered Nurses and Licensed Practical Nurses in Dialysis may utilize this procedure to perform removal of a non-tunnelled hemodialysis central venous catheter once they have reviewed this procedure. The assistance of the Vascular Access Nurse/Clinical Resource Nurse/Delegate may be requested. A non-tunnelled hemodialysis central venous catheter is removed per physician's order.
2. If the non-tunnelled hemodialysis central venous catheter is to be removed during or post hemodialysis, the patient will be dialyzed heparin free; as per MRP Procedure 30.10.03 *Providing Hemodialysis without Heparinization* unless otherwise ordered by physician.
3. The patient must be monitored for a minimum of 30 minutes post removal of the hemodialysis non-tunnelled central venous catheter.

### EQUIPMENT:

- 4 – Sterile gauze 10 x 10 cm
- Sterile scissors
- Sterile forceps
- Dressing tray (optional)
- Sterile specimen container (optional)
- Disposable gloves
- Chlorhexidine 2%/alcohol 70% swab
- Adhesive dressing
- Sterile petroleum impregnated gauze or sterile petroleum jelly with 5 x 5 cm gauze
- Masks (2)



## **PROCEDURE:**

15. Apply firm pressure over exit site for a minimum of 10 minutes and until bleeding and oozing stops.
16. Cover existing dressing with folded 10 x 10 cm gauze and then completely cover with an airtight dressing such as a transparent occlusive dressing.
17. Monitor patient in semi-Fowler's position for 30 minutes post catheter removal.

## **KEY POINT:**

physician. Ensure side ports are not open to air.

- If ordered by physician or if any indication of an infection, send sterile catheter tip (about 2.5 cm) for aerobic (and anaerobic if ordered) cultures using sterile scissors and a sterile container.
- Dressing may be removed after 24 – 48 hours. Indicate the time and date of catheter removal and initial on dressing,
- Observe for bleeding, hematoma, edema or any changes in patient's condition.

## **DOCUMENTATION:**

- Vascular Access Record
  - Date, time, type and size of catheter removed
- eKHR
- Hemodialysis Treatment Record/Integrated Progress Notes
  - Type of dressing applied
  - Patient's response
  - Appearance of the site
  - Aerobic and anaerobic culture specimen if sent
- Kardex
  - Date, time, type and size of catheter removed
  - Update anticoagulation information

## **REFERENCES:**

BC Renal Agency (2012) Removal of Non-Tunneled Central Venous Catheter (CVC), *Vascular Guidelines*

Peter, D. A., Saxman, C. (2003). Preventing air embolism when removing CVCs: An evidence-based approach to changing practice, *Medsurg Nursing*, 4, 223-228.

Rushing, J. (2007). Clinical do's and don'ts: removing a nontunelled CVC. *Nursing 2007*. 10, 18.

Wiegand, D.L. (Ed.). (2011). Cardiovascular System: Central Venous Catheter Removal, *AACN procedure manual for critical care* (6th ed.). 595-599. St. Louis: Saunders