

	<p>Policies & Procedures</p> <p>RNSP (Advanced RN Intervention)</p> <p>Title: Central Venous Catheter-Hemodialysis catheter – Nontunneled - Removal</p> <p>Number: 1014</p>
<p>Authorization:</p> <p>[X] Tri-Site Critical Care Committee</p> <p>[X] SHR Nursing Practice Committee</p>	<p>Source: Nursing</p> <p>Cross Index:</p> <p>Date Revised:</p> <p>Date Effective: September 2016</p> <p>Scope: SHR: St. Paul's Hospital ICU Royal University Hospital ICU</p>

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1. PURPOSE

- 1.1 To remove the temporary nontunneled hemodialysis catheter safely.
- 1.2 To minimize the risk of hemorrhage and air embolism associated with the removal of central venous catheters.

2. POLICY

- 2.1 RNs identified by the manager in targeted practice settings, will be certified in this RN Specialty Practice, Advanced RN Intervention of Removal of temporary hemodialysis catheters - nontunneled.
- 2.2 The RN certified in this RNSP will have first completed the following learning modules/activities prior to removal of Hemodialysis catheters independently:
 - Attended an education session on removal of Hemodialysis catheters (nontunneled) and/or
 - Complete the learning package and quiz, and return to the CNE
 - Complete skills checklist with a certified RN during first removal to validate and ensure safety checks are followed appropriately.
- 2.3 A written **nephrologist's** order is required to remove the dialysis catheter

3. PROCEDURE

3.1 Supplies

- Protective pad
- Chlorhexidine
- Dressing tray/set
- Disposable stitch cutter or suture scissors
- Sterile gauze
- Sterile occlusive dressing
- Sterile gloves
- Face shield

3.2 Inform patient of the intended procedure and obtain verbal consent for the removal

3.3 Perform hand hygiene and don face shield and appropriate PPE

3.4 Set up sterile field in preparation for removal

3.5 Position patient in supine/Trendelenburg position

3.6 Perform hand hygiene and don sterile gloves. Use aseptic technique:

3.7 Cleanse exit site with chlorhexidine prior to removal and allow to dry for 60 seconds

3.8 Remove suture(s)

3.9 Place the sterile gauze at the insertion site

3.10 Grasp the catheter firmly, apply traction and at the same time ask the patient to take a deep breath. Remove the catheter while the patient is exhaling.

3.11 For mechanically ventilated patients, remove the catheter during exhalation.

3.12 For femoral catheters, it is not necessary to time the removal with the respiratory cycle.

3.13 Apply pressure to insertion site with the sterile gauze until bleeding is controlled, at least 5 minutes. For femoral catheters, apply pressure for at least 10 minutes.

3.14 Apply sterile occlusive dressing, leave insitu for at least 24hrs.

3.15 Patient should remain flat for 30 minutes/ head of bed may be slightly elevated. Assess site for signs of bleeding every 15 minutes x 2 then q30 minutes x 2 then in 1 hour Monitor Respiratory status and watch for changes and development of respiratory distress

3.16 Watch for hematoma formation or signs and symptoms of air embolism

3.17 Repeat and record vital signs at time of removal including HR, BP, respiratory rate and SpO₂. Compare to baseline.

3.18 Document on appropriate record

- Condition of insertion site
- Patient response to procedure

3.19 Report to physician

- Complications during removal including:
 - Respiratory distress, change in respiratory status
 - Bleeding not controlled after 5 -10 minutes.

4. REFERENCES

Central Venous Access Devices (CVAD): Removal of Nursing policies, procedures and protocols. The Ottawa Hospital, 2104/04

How-to-guide: Prevent Central Line associated blood stream infections. Cambridge, MA. Institute for Healthcare Improvement 2012

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