

NURSING SKILLS CHECKLIST

Central Venous Access Device Removal Subclavian or Femoral Non-Tunneled Catheter

Date: _____ Facility: _____

Nurse's Name: _____

PROCEDURE	YES	NO	N/A
1. Verify order.			
2. Explain procedure to patient.			
3. Place patient in supine flat or Trendelenburg position with head turned away from the insertion site.			
4. Perform hand hygiene. Don mask, protective eyewear and clean gloves.			
5. Remove old dressing and discard appropriately.			
6. Remove gloves. Perform hand hygiene.			
7. Don sterile gloves.			
8. Remove any engineering securement device.			
9. Cleanse around insertion site with antiseptic swabstick and allow to air dry.			
10. Grasp catheter and gently remove using air embolism precautions (patient must hold breath and perform valsalva maneuver or if unable then remove catheter while patient is exhaling.			
11. Once catheter is out, apply gentle pressure at insertion site with sterile, dry gauze until bleeding stops. Hold for at least two minutes if patient is on anticoagulants.			
12. Apply sterile ointment or Vaseline® gauze and occlusive dressing. Label with date, time and initials. Leave occlusive dressing in place for at least 48 hours.			
13. Patient remains in supine position for 30 minutes post removal.			
14. Access length of catheter removed and inspect catheter tip.			
15. Remove gloves. Perform hand hygiene.			
16. Document the procedure in patient's chart according to policy.			

Evaluated By: _____