Central Venous Catheter: Removing Subclavian or Internal Jugular CVL

Skills Checklist: S=Satisfactory   U=Unsatisfactory   NP=Not Performed

Skill	S	U	NP	Comments
Obtain an order from the provider. Ensure that the patient no longer needs a CVL, determine whether there are any contraindications present or precautions to consider. Establish a peripheral IV in necessary.	☐	☐	☐	

Removing a Subclavian Catheter or Internal Jugular Catheter:
1. Place the patient supine or in Trendelenburg position with the catheter exit site lower than the heart.
2. Remove dressing, don clean gloves. Using aseptic technique, cut and remove sutures if present
3. Ask the patient to take a deep breath and bear down, creating a Valsalva response.
    a. If Valsalva is contraindicated, ask patient to hold breath or exhale instead.
    b. If the patient is receiving positive pressure ventilation, withdrawal catheter during the inspiratory phase of the resp. cycle
	☐	☐	☐	

Using the dominant hand, gently withdrawal catheter, pulling it parallel to the skin using a steady motion. ***resistance met* Verbalize: do not continue to remove and notify the provider**	☐	☐	☐	
Apply pressure over the exit site with a sterile gauze pad for a min. of 3 minutes or until the bleeding stops.	☐	☐	☐	
Cover the exit site with Vaseline gauze and a sterile occlusive dressing or transparent dressing.	☐	☐	☐	
Inspect the tip of the catheter for length or fragmentation. If broken, do not discard. Notify practitioner immediately.	☐	☐	☐	

Name: _____   Employee ID: _____ Unit: _____

Evaluator Signature: _____   Date: _____

Central Venous Catheter: Removing a Femoral CVL

Skills Checklist: Satisfactory   U=Unsatisfactory   NP=Not Performed

Skill	S	U	NP	Comments
Obtain an order from the provider. Ensure that the patient no longer needs a CVL, determine whether there are any contraindications present or precautions to consider. Establish a peripheral IV in necessary.	☐	☐	☐	
Removing a Femoral Catheter: 1. Place the patient supine in good alignment, with the leg extended and groin adequately exposed. 2. Remove dressing, don clean gloves. Using aseptic technique, cut and remove sutures if present 3. Ask the patient to take a deep breath and bear down, creating a Valsalva response. If the patient is receiving positive pressure ventilation, withdrawal catheter during the inspiratory phase of the resp. cycle	☐	☐	☐	
Using the dominant hand, gently withdrawal catheter, pulling it parallel to the skin using a steady motion.	☐	☐	☐	
Apply pressure over the exit site with a sterile gauze pad for a min. of 3 minutes or until the bleeding stops.	☐	☐	☐	
Cover the exit site with Vaseline gauze and a sterile occlusive dressing or transparent dressing.	☐	☐	☐	
Inspect the tip of the catheter for length or fragmentation. If broken, do not discard. Notify practitioner immediately.	☐	☐	☐	
Keep the patient in a flat or reclining position on bedrest for a minimum of 1 hour, keeping the affected leg straight.	☐	☐	☐	
S/S of venous air embolus present Immediately place the patient in the left lateral Trendelenburg position and notify provider STAT.	☐	☐	☐	

Name: _____   Employee ID: _____ Unit: _____

Evaluator Signature: _____   Date: _____