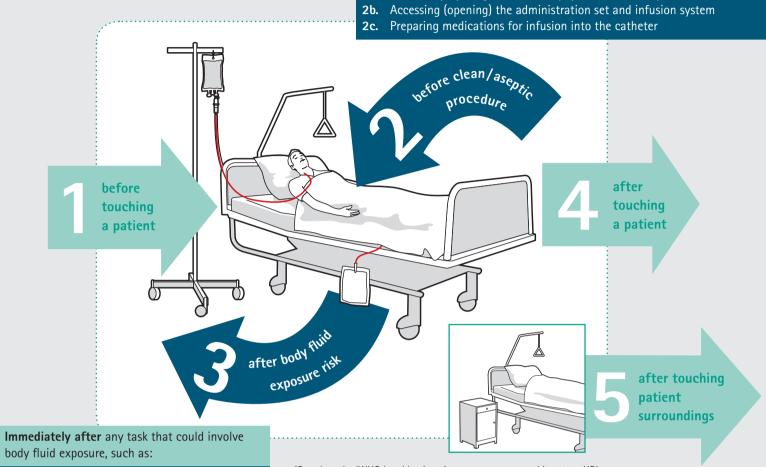


Immediately before any manipulation of the catheter and the associated intravenous medication administration system, such as:

2a. Catheter insertion (before putting on sterile gloves), catheter removal (before putting on clean, non-sterile gloves), dressing change, drawing blood, or before preparing associated equipment for these procedures
2b. Accessing (opening) the administration set and infusion system



3a. Inserting or removing the catheter3b. Drawing blood from the catheter

*Based on the 'WHO hand hygiene improvement approach' posters, URL: http://www.who.int/entity/gpsc/5may/EN_PSP_GPSC1_5May_2015/en/index.html © World Health Organization 2015. All rights reserved.

KEY ADDITIONAL CONSIDERATIONS FOR CENTRAL INTRAVENOUS CATHETERS

- 1. Indication: Ensure that a central intravenous catheter is indicated. Remove the catheter when no longer needed / clinically indicated.
- 2. Insertion/maintenance/removal
- 2.1 Avoid inserting catheters into the femoral vein.
- 2.2 Prepare clean skin with an antiseptic (alcohol-based 2% chlorhexidine-gluconate preferred) before insertion.
- 2.3 Use full sterile barrier precautions during insertion (cap, surgical mask, sterile gloves, sterile gown, large sterile drape).
- 2.4 Replace gauze-type dressings every 2 days and transparent dressings every 7 days; replace dressings whenever visibly soiled.
- 2.5 Change tubing used to administer blood, blood products, chemotherapy, and fat emulsions within 24 hours of infusion start. Consider changing all other tubing every 96 hours.

- 2.6 Use aseptic procedure (with non-touch technique) for all catheter manipulations.
- 2.7 "Scrub the hub" with alcohol-based chlorhexidinegluconate for at least 15 seconds.
- **3. Monitoring:** Record time and date of catheter insertion, removal and dressing change, and condition (visual appearance) of the catheter skin site every day.



MY 5 MOMENTS FOR HAND HYGIENE

Focus on caring for a patient with a central venous catheter*

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