

## Central Venous Catheter Daily Surveillance Form St George's Healthcare NHS Trust

**Patient Name** Ward

**Date of Birth Sheet Number** 

**Hospital Number** 

Type of CVC Site of CVC Date of insertion **Inserted by** 

## $\checkmark$ = Yes X = BREACH from required standard N/A= Not appropriate

Any breach in set standard (i.e. X) must be documented and corrective action taken as per the CVC Care Plan

Date	DD/MM/YY													$\top$	
Time		D	N	D	N	D	N	D	N	D	N	D	N	D	N
Age CVC in Days			1				1		1		ı		ı		1
Exit Site	Standard														
Exit site visible	✓														
No inflammation	✓														
No discharge	✓														
No bleeding	✓														
CVC lumens															
All patent	✓														
Lumens not in use are aspirated, flushed with saline and clamped	✓														
All lumens are free from blood	✓														
deposits															
Dressings															
Dressing clean, dry & intact	✓														
Dressing changed	✓ or N/A														
Dressing dated	✓														
Sutures															
Suture free from redness and/or	✓														
inflammation															
Sutures effectively securing CVC	✓														
Hubs															
All hubs are clean and secure	✓														
Hubs changed	✓ or N/A														
Hubs cleaned with 2%	✓														
chlorehexidine in 70% alcohol															
Three-way taps and/or															
extension sets															
All 3-way taps and/or extension sets being used and are required	✓ or N/A														
All 3-way taps and/or extension	✓ or N/A														
sets free from blood clots	or N/A														
Administration set changed	✓ or N/A														
according to the unit guidelines	,														
Administaion set labelled	✓														
Signature															