



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

Developmental Disabilities Administration

Frank W. Kirkland, Executive Director

Memorandum

To: All DDA licensed providers
DDA RN CM/DNS

From: Frank W. Kirkland
Executive Director

Re: DDA Policy on Standard of Care of Individuals with Central Venous Catheter or Peripheral Catheter in the Community

Date: September 12, 2012

In an effort to provide services in the community to individuals that require central and peripheral venous catheters, a policy for care has been developed. This policy details the staff training and monitoring criteria required to care for the person with these needs based on the type of catheter and use of the catheter. The person with the central and/or peripheral catheter is at increased risk for local and systemic infections related to the catheter and the purpose of the catheter. To ensure appropriate and safe health care for these individuals in the community and to reduce the risk of infection, this policy and monitoring checklist must be followed when caring for the person with the central and/or peripheral catheter.

If you have further questions, please contact your Regional Nurse:

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DDA POLICY

POLICY: Nursing #1
Effective Date: 9/12/12
Review Date: 9/12/12

POLICY ON Standards of Practice for Services to People who Need Central or Peripheral Infusion Line

I AUTHORITY

Health Occupations Articles Title 8: Nurses

COMAR: Board of Nursing: 10.27.20; 10.27.09, 10.27.10 and 10.27.11
Board of Nursing – certified nursing assistants: 10.39
Developmental Disabilities Administration 10.22.02.11 and 10.22.04 Board of Nursing

II BACKGROUND

The attached policy defines the minimum required standards of practice required in a DDA setting for the safe delivery of care to those with central or peripheral infusion lines.

III POLICY STATEMENT

The MBON has established regulations related to the management of people with central and peripheral infusions. The attached Policy and Monitoring Checklist for care of individuals with Central Venous Catheter or Peripheral Catheter in the Community is being established to ensure the safe delivery of care required to prevent infections and/or provide early intervention in an infection process. This policy defines mandatory staff training requirements and staff certification or licensure level for the safe delivery of services to those requiring this level of medical and nursing intervention in the DDA licensed site.

This policy has been reviewed by the Maryland Board of Nursing (MBON) and deemed to be in accordance with 10.27.20, 10.27.09, 10.27.10, 10.27.11, and 10.39.

IV DDA POLICY APPROVED:



Frank W, Kirkland, Executive Director



Effective Date

ATTACHMENTS

Central Venous or Peripheral Catheter Policy and Monitoring Checklist

Department of Health & Mental Hygiene

DEVELOPMENTAL DISABILITIES ADMINISTRATION

201 West Preston Street – Fourth Floor – Baltimore Maryland 21201-2301

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Policy and Monitoring Checklist for Care of Individuals with Central Venous Catheter or Peripheral Catheter in the Community

The following policy and monitoring checklist was developed by the Developmental Disabilities Administration's (DDA) regional nurses to guide the registered nurse case manager/delegating nurse (RN CM/DN) in the community working with individuals with developmental disabilities who may require a venous access line for infusion.

This policy must be followed by any licensed nurse or DDA provider agency in the community that has an individual with a central or peripheral venous catheter.

This information is not a sole source for information nor should it be used as a substitute for professional medical advice for diagnosis or treatment. The infusion nurse and Health Care Professional should guide the care and answer any specific medical questions.

Purpose: To provide minimal policy criteria and a monitoring checklist to ensure the health and safety of individuals with a venous catheter in the community.

Definitions per COMAR 10.27.20:

1. **“Central venous catheter”:** A central venous catheter is an intravenous line whose tip is located in a central **blood vessel that empties into the right atrium** COMAR 10.27.20). Examples include, but are not limited to: Long-term single/double lumen catheter (e.g., Groshong catheter), short-term single lumen catheter, short-term multi-lumen catheter, mid-clavicular catheter, or mid-line catheter.
2. **“Peripherally Inserted Central Catheter (PICC)”:** A PICC inserted central catheter means a catheter inserted with or without a guide wire, whose tip is located in the vena cava.
3. **“Clinical Competence”:** Clinical competence means the demonstrated ability to perform the identified intravenous tasks consistent with the standards established by the Infusion Nurses Society (INS), Oncology Nursing Society (ONS), or other bodies approved by the Maryland Board of Nursing (COMAR 10.27.20).
4. **“Infusion Therapy”:** Infusion therapy means the initiation and administration of medication, fluids, and/or nutrients via an intravenous access device.
5. **“Insertion Site”:** The place on the chest or arm where the catheter goes into the individual's skin.
6. **“Peripheral Catheter”:** A catheter or needle inserted into a superficial vein with the tip residing outside of the central venous system (COMAR 10.27.20).

The following must be followed in order for a venous access device to be in the DD community setting:

- 1. The RN CM/DN requirements and responsibilities. The RN CM/DN must:**
 - a. perform a nursing assessment of the individual prior to return to the community to determine if care can be safely and appropriately provided in the community setting.
 - b. discuss with the HCP the length of time the catheter will need to be in place as consideration must be given as to how long term maintenance and care will be provided in the community setting.
 - c. receive education prior to the individual's return to the community about the catheter, the infusate, what to observe for, potential complications and who to notify in the event of complications. This training should be done by the infusion therapy nurse responsible for the delivery of care for the venous access catheter.
 - d. have name and contact information for the infusion therapy nurse.
 - e. develop the NCP and the criteria for the monitoring of the catheter site.
 - f. document according to agency policy the training of the CNA direct care staff
 - g. coordinate with the infusion therapy agency and HCP to ensure that infusion therapy services will continue for the duration of treatment
 - h. coordinate and approve all care and training given by the infusion therapy nurse(s) to all direct care staff.
 - i. assess the individual, environment, staff and training daily for the first 3 days after the individual has returned to the community.
 - j. assess or may assign the LPN after appropriate training the responsibility for assessing the individual from day 4 through day 29 following return to the community with a catheter.
 - k. assess the individual on day 30. If the individual meets criteria of chronic, stable, routine, and predictable may decide to assess the individual minimally every 2 weeks following the 30 day daily assessment. If there has been no change in health status and to the infusion therapy treatment plan, the RN CM/DN may assess the individual biweekly.
 - l. document the assessment of the individual to include site observation assessment and tolerance of catheter by the individual, complications, and interventions. (This assessment occurs minimally daily for the first 30 days then minimally bi-weekly if stable and uncomplicated and more frequently if issues arise.)
 - m. ensure coordination of the receipt of appropriate orders for all aspects of infusion therapy.
 - n. complete dressing and site care as required and at time of assessments.

- 2. Infusion Therapy Agency/Nurse Requirements and Responsibilities:**
 - a. The infusion therapy agency providing the infusion therapy service in the community home setting must ensure that the infusion therapy RN and LPN meet and maintain the criteria identified in the Nurse Practice Act, COMAR 10.27.20.
 - b. The infusion therapy nurse must use INS/ONS standards for training provided to the RN CM/DN.

- c. All staff training on the catheter, infusate, monitoring criteria and emergency protocols is approved and coordinate by and through the RN CM/DN.
 - d. The infusion therapy nurse must document all infusion therapy acts performed in the individual's record and medications administered on the MAR.
- 3. Staffing Requirements for Central Catheters in the community:**
- a. **Central Catheter or PICC for Continuous Use in the Home:**
 - i. 24/7 onsite infusion therapy trained RN to provide all infusion therapy acts, or
 - ii. An infusion therapy trained LPN (COMAR 10.27.20 .05C) under the direct on-site supervision of the infusion therapy trained RN, may only administer infusate into a central catheter or implanted port.
 - iii. If there is more than 1 individual in the home or Day setting requiring skilled nursing care then, CNA level direct care staff must be on site 24 hours a day, 7 days a week for assistance in monitoring the individuals.
 - b. **Central Catheter or PICC for Intermittent Use in the Home:**
 - i. An infusion therapy trained RN to perform all infusion therapy acts, or
 - ii. Infusion therapy trained LPN (COMAR 10.27.20 .05C) under the direct on-site supervision of the infusion therapy trained RN, may only administer infusate into a central catheter or implanted port.
 - iii. CNA level direct care staff on site 24 hours a day, 7 days a week for assistance with monitoring of the individual.
- 4. Staff Requirements for Peripheral Catheters in the community:**
- a. **Catheter for Intermittent Use in the Home:**
 - i. Infusion Therapy Trained RN or LPN to perform infusion therapy acts per 10.27.20.
 - ii. RN CM/DN Supervision: Available onsite or by phone 24/7.
 - iii. CNA level direct care staff on site 24 hours a day, 7 days a week for assistance with monitoring of site and individual.
 - b. **Catheter for Continuous Use in the Home:**
 - i. 24/7 onsite infusion therapy trained RN/LPN with on-site RN supervision to provide all infusion therapy acts
 - ii. If there is more than 1 individual in the home or Day setting requiring skilled nursing care then the Direct Care Staff: CNA level direct care staff on site 24 hours a day, 7 days a week for assistance with monitoring of site and individual.
- 5. CNA level Direct Care Giver Requirements and Responsibilities in the Home and Day Program:**
- a. The direct care staff providing monitoring of the catheter site under the delegation of the RN CM/DN must be minimally CNA level trained.
 - b. The CNA must be trained on the shift monitoring checklist observing and reporting criteria by RN CM/DN in order to provide supports and care to the individual with a venous access device.

- c. The CNA must be trained on the NCP developed by the RN CM/DN utilizing the current data.
- d. CNA monitoring of the site includes site inspection and symptom monitoring utilizing the checklist. The CNA will monitor vital signs utilizing the parameters for notification of RN and complete the monitoring checklist three times per day (each shift). Monitoring does **not** include infusion of medications, changing of the IV line, flushing of the IV or any direct care, setting the infusion rates and/or adding infusates or monitoring of the infusion through the IV catheter. Site monitoring does not include changing of the site dressing or direct care to the site.
- e. Adverse Outcomes of Access Device shift monitoring:
 - i. Monitoring the skin around the access device for signs of infection to include redness, swelling, pain at site and drainage.
 - ii. Monitoring for episodes of shortness of breath, chest pain, or palpitations.
 - iii. Inflammation occurring distal from insertion point. See checklist for examples. (e.g., if the CVC line is inserted on the right side of the neck observe for swelling in the right arm or hand and report to RN immediately.)

6. Safety Considerations When Caring for CVC/ Peripheral Lines

- a. Wash hands at least 30 seconds with antibacterial soap prior to providing care. If soap and water are not available, rinse free hand gel may be used.
- b. If signs of infection around the site are detected per monitoring checklist (e.g., rash or irritation, etc.), staff must report immediately to the RN or HCP.
- c. Do not let the catheter site get wet. When bathing or showering the site must be covered with waterproof material, such as plastic wrap, taped over the dressing and injection caps. The infusion nurse or agency RN, once trained, may educate and delegate covering the site during bathing to the CNA.
- d. All supplies for the catheter need to be stored in a clean, dry area.
- e. Never touch the open end of the catheter when the cap has been removed.
- f. Never use scissors, pins or sharp objects near the catheter. The catheter could be damaged easily.
- g. The individual needs to carry an emergency kit. The CNA or nurse needs to check the emergency kit before leaving the home and replace any used supplies upon return to the home so the kit is always ready to go with the individual and be used in the event of an emergency. Catheter supplies such as:
 - i. central line dressing change kit/pressure dressing,
 - ii. tape, cleansing solution, chlorhexidine wipes,
 - iii. extra clamp, or
 - iv. supplies as identified by the infusion therapy nurse with training on emergency use coordinated and approved by the RN CM/DN.

7. Agency requirements and responsibilities:

- a. The notification of physicians, dentists, and health care professionals about the central line and infusion solution at the time of a healthcare appointment.

- b. Document on front of the healthcare record that the individual has a venous catheter and the type of device.
- c. The immediate calling of the HCP/RN CM/DN if any swelling, redness, tenderness, irritation, discomfort, pain or leakage near the site occurs.
- d. The accessing of the venous catheter for flush or medication administration cannot be delegated by the RN/LPN to any direct care provider or staff.
- e. The requirement that the RN/LPN must obtain and maintain clinical competency in Infusion Therapy per COMAR 10.27.20 if the agency RN/LPN accesses the device for flushing.
- f. CNA level direct care staff that are appropriately trained and supervised by the RN CM/DN and infusion nurse
- g. The individual must carry with them at all times an emergency information card that states:
 - i. Type of catheter
 - ii. Site of catheter
 - iii. Infusion solutions
 - iv. HCP name and contact number
- h. The accessing of the catheter for flushing and delivery of medication or solutions must be documented on the agency MAR and record by the infusion therapy RN/LPN.
- i. Monitoring by the CNA must occur every shift and be documented on the attached Monitoring Form and Checklist. Monitoring criteria identified on the checklist includes:
 - i. signs and symptoms of infection,
 - ii. signs and symptoms of catheter dislodgment,
 - iii. signs and symptoms of catheter fragmentation or catheter embolism (e.g., episodes of shortness of breath, chest pain, or palpitations), and
 - iv. emergency procedures for staff to follow when monitoring indicates a problem (e.g., Call the physician/RN immediately if these symptoms are noted.)

8. Troubleshooting:

- a. RN CM/DN, in collaboration with the infusion therapy nurse, must develop a procedure for identifying and addressing any untoward events associated with the venous catheter (i.e., all items on the monitoring checklist).
- b. RN CM/DN must ensure an appropriate plan to address completion of site care and dressing changes by a nurse to include any care needed at unpredictable intervals (ex: dressing is wet)
- c. See the Emergency Interventions and Response table for potential catheter problems that may occur. This is not an all inclusive list.

Emergency Interventions and Response - CNA actions

Emergency	Response
Sudden chest, neck, or shoulder pain, coughing or difficulty breathing.	Call 911. Make sure the catheter is clamped. Place the person on their left side with head down. Notify the HCP and RN CM/DN
Accidental removal of the catheter from the chest.	Call 911. Apply pressure to the exit site and chest area above it with a gauze dressing or clean washcloth. Notify the HCP and RN CM/DN
Fever of 100.5F (38C) or greater and/or chills	Notify the HCP and RN CM/DN immediately.
Swelling of face, neck, chest or arm, new or outstanding chest or neck veins.	Call 911. Notify the HCP and RN CM/DN.
Drainage, redness, swelling or bleeding at the exit site.	Call 911. Notify the HCP and RN CM/DN.
Leakage from or Damage to the catheter (e.g. For example, a hole or crack in the tubing).	Call 911. Follow the infusion therapy agency emergency protocol. This may include immediately clamping the catheter between the damaged area and the insertion site or folding the tubing over and pinching it. Cover the hole or crack with sterile gauze. Notify the HCP and RN CM/DN immediately.
Loose suture at exit site	Notify HCP and RN CM/DN immediately.
Catheter is displaced (e.g., coming out or longer, or the "cuff" is visible at exit site).	Call 911. Tape the catheter to the skin. Notify HCP and RN CM/DN immediately.

Summary of Requirements:

Catheter Type/Use	Infusion therapy performed minimally by RN or LPN with onsite direct supervision by infusion therapy RN per COMAR 10.27.20	Infusion therapy performed minimally by LPN per COMAR 10.27.20	Frequency of Infusion Nurse Service	Frequency of RN CM/DN Service	Minimal Certification of Direct Care Staff
Central: Continuous Use	Yes	No	24/7	Initial: daily x3; daily day 4-29 by RN or LPN; day 30 by RN. Ongoing: biweekly by RN CM/DN.	CNA 24/7
Central: Intermittent Use	Yes	No	From initiation of infusion up to 20 minutes post infusion or longer as indicated by the infusion therapy agency protocol	Initial: daily x3; daily day 4-29 by RN or LPN. day 30 by RN; Ongoing: biweekly by RN CM/DN.	CNA 24/7
Peripheral: Continuous Use	No	Yes	24/7	Initial: daily x3; daily day 4-29 by RN or LPN; day 30 by RN. Ongoing: biweekly by RN CM/DN.	CNA 24/7
Peripheral: Intermittent Use	No	Yes	From initiation of infusion and minimally 20 minutes post infusion or longer as indicated by infusion therapy agency protocol	Initial: daily x3; daily day 4-29 by RN or LPN; day 30 by RN. Ongoing: biweekly by RN CM/DN.	CNA 24/7

Central/PICC/Peripheral Venous Catheter Monitoring of Insertion Site CNA Shift Monitoring Checklist

Name: _____
 Name of Infusion Nurse: _____ Contact Number: _____
 Name of RN CM/DN: _____ Contact Number: _____
 Name of HCP: _____ Contact Number: _____
 Emergency Number: _____

***If "Yes" is checked for any of the observations, contact the HCP/RN CM/DN immediately and document observation in a note.

| Monitoring Criteria | Date: |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Catheter intact
(Contact RN CM/DN if not intact, if displaced, if there is a change in the length of the exposed catheter/tubing, or if "cuff" is visible at exit site; call 911.) | N: Y/N
D: Y/N
E: Y/N |
| Swelling at site***
Swelling of face, chest or arm
(Describe) | N: Y/N
D: Y/N
E: Y/N |
| Redness at site*** | N: Y/N
D: Y/N
E: Y/N |
| Pain at site***
(Tender to touch) | N: Y/N
D: Y/N
E: Y/N |
| Temperature
If > 100, call RN. | N: ____
D: ____
E: ____ |

Drainage *** If yes, a progress note must be written describing the color, odor, and amount of drainage.	N: Y/N D: Y/N E: Y/N						
Chest pain*** If yes, describe: Pressure, Dull, Sharp, Ache Contact 911	N: Y/N D: Y/N E: Y/N						
Shortness of Breath*** (Cannot catch breath, nares are flaring) Contact 911	N: Y/N D: Y/N E: Y/N						
Name of HCP contacted: (Note required)							
Name of RN CM/DN contacted: (Note required)							
Staff Initials	N: ____ D: ____ E: ____						

Observation description note if needed:

CNA Staff Initial Identification and Signature:

Initials:	Signature:	Initials:	Signature:

References:

- Health Occupations Article, Title 10; Nurse Practice Act, COMAR 10.27.20: Management of Infusion Therapy by the Registered Nurse and the Licensed Practical Nurse.
- St. Joseph Hospital, Towson Maryland; Nursing Protocol Dictionary, Management of the Patient with a Long-Term Venous Access Device: Implanted Venous Access Device.
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8.7.12