PURPOSE:
To prevent the entrance of infective agents by providing a protective barrier over the catheter exit site.

CONSIDERATIONS:
1. Gauze dressings must be changed every 48 hours and whenever soiled or wet.
2. Never use acetone or acetone-based products on or around the catheter. Acetone erodes silicone or silastic tubing.
3. Only gauze dressings should be used when drainage is present around the central venous catheter exit site or patient has skin reaction to transparent film.
4. A transparent dressing with gauze underneath is considered a gauze dressing and must be changed every 48 hours and whenever soiled or wet.
5. Patient may shower or swim when exit site of a tunneled catheter is healed (usually 3 to 4 weeks after catheter insertion), with a physician's order.

EQUIPMENT:
Gloves, sterile and non-sterile
Alcohol applicators (wipe/swab/disk/ampule)
Antimicrobial applicators (wipe/swab/disk/ampule) or ChloraPrep®
Alcohol wipes (3)
2x2 gauze, sterile (plain)
2x2 gauze, sterile (split)
Tape
Mask
Impervious trash bag

PROCEDURE:
1. Adhere to Standard Precautions.
2. Explain procedure and purpose to patient/caregiver. Ask if patient is allergic to any creams, ointments or solutions that are put on the skin (i.e. iodine).
3. Assemble equipment on a clean surface close to the patient.
4. Place patient in comfortable position.
5. Ensure adequate lighting.
6. Don non-sterile gloves and mask. Have patient turn head away from site or also wear a mask.
7. Remove old dressing being careful not to dislodge catheter.
8. Inspect insertion site for signs of infection, i.e., redness, swelling, pain, heat or drainage. Also inspect the staying sutures, if applicable, to be sure they are intact. Inform the physician of any signs of infection and problems with the sutures.
9. Remove gloves.
10. Open all packages and place on the clean surface.
11. Don sterile gloves.
12. Clean the exit site with three alcohol applicators in a circular fashion moving from the exit site out at least 2-3 inches in diameter, if needed for excessive drainage. Allow to air dry.
13. Repeat with three antimicrobial applicators or ChloraPrep®, (See Infusion Therapy- ChloraPrep Use.) Allow to air dry. DO NOT blot.
14. Gently clean the outside of the catheter with the inside surface of an alcohol wipe, repeat two times, starting from the exit site to the catheter hub. DO NOT pull on catheter.
15. Cover with split 2x2 gauze followed by plain 2x2 gauze and secure with tape. To ensure that the dressing is closed and intact, adhesive material should be applied over the entire gauze surface securing all edges.
16. DO NOT allow the catheter to hang down the chest. Loop the catheter and secure with tape to prevent accidental dislodgment.
17. Discard soiled supplies in appropriate containers.

AFTER CARE:
1. Document in patient's record:
   a. Date, time procedure and observations.
   b. Type and appearance of venous access site.
   d. Instructions given to patient/caregiver.
   e. Communication with physician, if needed.

REFERENCE:
Centers for Disease Control and Prevention (CDC), Guidelines for the Prevention of Intravascular Catheter-Related Infections.