THE STUDY VAULT

Clinical Chaos

Central Line Dressing Changes

SKILL SNAPSHOT

Purpose

Maintain a sterile, intact central-line site and reduce central line-associated bloodstream infection risk.

When to use

Transparent dressing every 5-7 days and gauze every 2 days, or sooner if damp, loose, soiled, or disrupted—follow policy.

Supplies needed

Mask for nurse/patient; sterile dressing kit; sterile gloves; CHG applicator; securement; transparent/gauze dressing; label.

PREP + PATIENT SETUP

- Verify line type, site, allergies, and dressing-change due date.
- Explain procedure; position patient with site accessible.
- Perform hand hygiene; apply masks to nurse and patient.
- Stop infusions if required; gather supplies and create sterile field.

VAULT TIP

The two most important infection-prevention steps are full sterile technique and letting chlorhexidine dry completely.

STEP-BY-STEP

- Don clean gloves; stabilize catheter and gently remove old dressing toward insertion site.
- Assess site and external catheter length for redness, drainage, tenderness, swelling, or migration.
- Remove gloves; perform hand hygiene; open sterile supplies and don sterile gloves.
- Clean with chlorhexidine using friction for the manufacturer/policy-specified time; cover an area larger than dressing.
- Allow antiseptic to air-dry completely—do not blot, fan, or touch the site.
- Apply CHG disk/gel and securement device as indicated without moving catheter.
- Apply sterile occlusive dressing with insertion site visible; avoid stretching dressing.
- Label dressing with date, time, and initials.
- Trace tubing, confirm connections/clamps, and replace caps/tubing if due using scrub-the-hub technique.
- Dispose supplies; perform hand hygiene; reassess line function and patient tolerance.

SAFETY REMINDERS

- Use sterile technique and masks for both nurse and patient.
- Never advance a migrated catheter back into the insertion site.
- Stop and escalate for migration, purulence, significant erythema, or systemic infection signs.
- Do not use ointment unless specifically indicated by policy.

COMMON MISTAKES

- Touching site after antisepsis.
- Failing to allow CHG to dry.
- Removing securement without stabilizing catheter.
- Covering a wet site with a new dressing.

DOCUMENTATION

- Date/time, site, line type, and dressing type.
- Site assessment and external catheter length.
- Antiseptic, securement, cap/tubing changes, and patency.
- Patient tolerance, education, complications, and notifications.