

NCCU CLINICAL GUIDELINES
SECTION: 5

VENOUS AND ARTERIAL ACCESS AND LINE MANAGEMENT

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Removal of CVC
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REMOVAL OF CVC

Central venous catheters are removed when they are no longer required or sepsis is suspected. Removal of a CVC is a two-person standard aseptic technique, one staff member is required to aid in positioning the infant. CVC can be removed by nursing staff deemed competent in their removal. Tunnelled catheters must be removed by medical staff. [See Infection Control Manual - Framework for Aseptic Technique](#)

KEY POINTS

- If sepsis is suspected, the tip must be sent to the laboratory for culture.
- Prior to removing the catheter, check the documented length of catheter inserted.
- If there is any resistance, do not pull the line with force; ask a more experienced member of staff for assistance with the removal.
- Document the line removal on the observation chart and complete the "Insertion and Removal of Central Venous Lines" stamp in the progress notes. Documentation should include any difficulties with catheter removal and state whether the catheter was visualised to be intact.

EQUIPMENT

- Dressing pack, sterile scissors/forceps
- Sterile specimen container (if tip required for culture)
- Olive oil to lift dressing or adhesive remover
- Gauze

PROCEDURE

1. Consider sucrose. Gently remove the semi permeable dressing. Use olive oil if necessary.
2. If sutures in place use forceps to hold catheter below suture knot before removing the sutures.
1. Remove the catheter using gentle sustained traction, holding the catheter close to the insertion site. Do not over stretch the catheter. Over stretching the catheter may cause it to rupture and rebound into the vein, causing a catheter embolus. If catheter rupture does occur and the catheter is not visible, place a finger over the vein without applying pressure. If the catheter is visible outside of the infant, grasp the catheter. Seek medical assistance and request an x ray.
2. If the catheter remains firmly attached surgical removal is required.
3. If sepsis is suspected cut the tip with sterile scissors and send for culture.
4. Apply gentle pressure to the site with gauze, until bleeding stops to prevent a haematoma forming. Do not apply a dressing over the site until bleeding has stopped.