

TRAINING, DELEGATION AUTHORIZATION AND SUPERVISION RECORD – EMERGENCY RESPONSE TO CENTRAL VENOUS CATHETERS – Hickman/Broviac, Hemodialysis Catheters and PICC

Name
Student/Child

Birth
Date:

School/
Center

Delegatee:

PROCEDURE		Training Record RN Initial & Date
<i>Central Venous Catheters (CVC's) include but are not limited to Hickman/Broviac, Hemodialysis Catheters (HD), and Peripherally Inserted Central Catheter (PICC). Immediate intervention is needed for infection concerns, and dislodgement or accidental removal.</i>		
A. States purpose of procedure.		
B. Identifies supplies – Individualized Healthcare Plan (IHP), hand sanitizer if not able to wash hands with soap and water, gloves, emergency kit that includes extra sterile clear dressing, sterile gauze, plastic clamps, surgical clear tape mask and gloves.		
C. Procedure:		
1. Gather supplies and bring to the child.		
2. Wash hands with soap and water or hand sanitizer if not visibly soiled, with friction for 15 seconds and put on gloves.		
3. If CVC has a crack/leak: - Place plastic clamp between child and break/leak-call parent ASAP. Needs to be seen in the emergency room. - If unable to place clamp and there is active bleeding, call 911.		
4. If CVC is pulled and dislodged, but NOT completely removed, do NOT advance back in, make sure it is secure and call parent ASAP. Needs to be seen in the emergency room.		
5. If cap is off or falls off, put on mask, wrap end of line with sterile gauze, secure with tape and call parent ASAP, child needs to be seen in the emergency room for special cleaning of the line.		
6. If CVC is pulled completely out, apply sterile gauze, apply pressure, apply sterile clear dressing and call parent ASAP.		
7. If child has any swelling of the chest, neck, face or arm-call parent ASAP. If child has swelling and trouble breathing, call 911.		
8. If child has sudden pain in the chest, neck or shoulder, verify line is clamped, have them lie down on the left side, with head down, call 911 and wait further instructions.		
9. Call 911 if: - Child is having any difficulty breathing. - Sudden pain in chest, neck or shoulder - Child is very weak, limp, too weak to stand, or has pale cool skin. - Fever 100.4 or higher and parent can't pick up within 1 hour. - Insertion site has redness, drainage, swelling and parent can't pick up within 1 hr. - Line is cracked and active bleeding can't be stopped by clamping. - Line dislodged or had to be clamped and life sustaining meds infusing. Provide EMS IHP and any other plans as applicable.		
10. Call RN with concerns or interventions.		
Competency Statement		Training RN Signature & Initial
Procedure name: Describes and demonstrates correct performance of interventions and potential central venous catheters emergencies.		

DELEGATION AUTHORIZATION			
I have read the care/medication plan, been trained and am competent in the described procedures for _____. I understand the need to maintain skills and will be observed on an ongoing basis by a Registered Nurse. I have had the opportunity to ask questions and received satisfactory answers.			
Delegatee Signature: _____		Date _____	
Delegating RN Signature: _____	Initials _____	Date _____	

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RN Initial & Date	Procedure $\checkmark$ = acceptable performance	Follow Up/ Supervision Plan / Comments
	☐ Procedure Reviewed ☐ ☐ ☐ ☐ IHP accessible and current ☐ Competent performance of procedure(s) per specific guidelines ☐ Confidentiality ☐ Documentation ☐ RN notification of change in status ☐ Child/student tolerating procedure well	☐ No opportunity to perform task. ☐ Simulated emergency response practice. ☐ Additional on-site training provided ☐ Supervision plan (minimum annually) date: _____ ☐ Continue delegation ☐ Withdraw delegation Comments:
	☐ Procedure Reviewed ☐ ☐ ☐ ☐ IHP accessible and current ☐ Competent performance of procedure(s) per specific guidelines ☐ Confidentiality ☐ Documentation ☐ RN notification of change in status ☐ Child/student tolerating procedure well	☐ No opportunity to perform task. ☐ Simulated emergency response practice. ☐ Additional on-site training provided ☐ Supervision plan (minimum annually) date: _____ ☐ Continue delegation ☐ Withdraw delegation Comments:
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Delegating RN Signature _____ Initials _____

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