### Daily Central Line Maintenance Checklist – Template

**Patient Name/ID#: ________________________________**

**Unit: __________ Room/Bed: ________**

**Date: __________**

**Person Completing Form: Name __________________**

Date of initial line placement: ___________________________

Date implanted port accessed: ___________________________

Date injection caps last changed: _______________________

Date administration set and add-on devices last changed: _______________________

**Set used for:**
- Continuous Infusion
- Intermittent Infusion

**Date dressing last changed:** _______________________

**Dressing type:**
- Gauze
- Clear

<table>
<thead>
<tr>
<th>Critical Steps</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Necessity assessed</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>If no longer necessary, remove, indicating details of removal in the records (including date, location, and signature and name of operator undertaking removal).</td>
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<tr>
<td>Injection sites are covered by caps or valved connectors</td>
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<tr>
<td>Caps changed today</td>
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<tr>
<td>Implanted ports newly accessed today</td>
<td></td>
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<tr>
<td>Accessed with (indicate type and size of needle)</td>
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<tr>
<td>Insertion site without evidence of infection</td>
<td></td>
<td></td>
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<tr>
<td>Dressing intact and labeled properly</td>
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<tr>
<td>Dressing changed today</td>
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<tr>
<td>Catheter stabilized/no tension on line</td>
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<tr>
<td>Administration set replaced and labeled this time?</td>
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</tbody>
</table>

### Procedural Reminders

**Suspected Infection**
- If central venous catheter infection is strongly suspected, replace catheter and all intravenous fluids, tubing, and caps.

**Hand Hygiene**
- Clean hands immediately before and after each episode of patient contact using the correct hand hygiene technique. (Use World Health Organization “My 5 Moments for Hand Hygiene”.)

**Cap Changes**
- Sanitize caps with 2% chlorhexidine gluconate in 70% isopropyl alcohol before and after each use (“Scrub the Hub”).
- Change caps when necessary using sterile gloves and mask, that is, after administering blood and if there is visual observation of blood in the caps.
- Change caps no more often than 72 hours (or according to the manufacturer’s recommendations and whenever the administration set is changed).

**Tubing Changes**
- Replace administration sets and add-on devices no more frequently than every 96 hours, and at least every 7 days, after initiation of use, unless contamination occurs.
- Replace set and add-on devices within 24 hours of start of infusion if fluids that enhance microbial growth are infused (for example, fat emulsions combined with amino acids and glucose in three-in-one admixture or blood products infused separately).
- Change needleless components as often as the administration set and no more often than 72 hours.

**Dressing Changes**
- Change gauze dressing every 2 days, clear dressings every 7 days, unless dressing becomes damp, loosened, or visibly soiled then change.
- Use sterile gauze or sterile, transparent, semipermeable dressings.
- Perform catheter site care using 2% chlorhexidine gluconate in 70% isopropyl alcohol to clean the insertion site during dressing changes.