

## BICU Central Line Protocol

### Site selection:

-Place line as far away from burn as possible. Attempt to avoid placing a line <5cm from a burn wound if possible.

-If multiple sites are available, an ultrasound guided internal jugular line should be selected.

-A femoral line is preferential to a line through a burn or <5cm from a burn.

-A PICC line can be considered as well

*Placing lines <5cm from a burn doubles the risk of colonization at 5 days and increases the risk of bacteremia by 5. Lines become colonized in half the time if <5cm as well.*

### Line changes:

-Lines <5cm from a burn wound, perform a fresh stick at a new site every 4 days.

-Lines >5cm from a burn wound, perform a fresh stick at a new site every 7-8 days.

-Line changes over a wire are not to be performed unless upsize to an introducer or dialysis cath is needed and there are no other sites of access.

*Line changes over a wire increase rate of infection.*

### Line removal:

-Indications for line continuation or removal to be discussed at multidisciplinary rounds each day.

-Centers for Disease Control and Prevention (CDC) recommend the removal of catheter within 48 h in situations when aseptic techniques for the insertion and care of intravascular catheters cannot be assured (emergency settings or lines from another institution).

-Central line tips are not to be sent for culture.

*There is no correlation between cultures and bacteremia in burn patients*

### Site care:

(non-burn site)

-central line dressing change every 7 days

-prep with chlorhexidine gluconate swab, allow to air dry for 1.5 minutes

-place BioPatch

-cover with 3M bordered dressing

(burn site)

-central line dressing change daily

-clean with betadine (if patient is allergic to betadine, use chlorhexidine gluconate swab)

-apply betadine/4x4 gauze

\*All unused IV ports must have an alcohol cap, obtain new cap with each use. Place alcohol cover on end of IV tubing when not in use.

### References:

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