

SUMMARY OF NEW ASPECTS OF NICU CENTRAL LINE BUNDLE

1. Identify an extremity that will be saved for potential PICC placement on admission with a purple sign at the bedside.
2. To hasten line placement, the bedside RN will only check heel stick POC glucose and if low, treat and place PIV. If not, the umbilical venous or arterial catheter should be placed immediately, and laboratory studies should be obtained once the line is in place.
3. Consent for PICCs will be obtained by the inserter prior to PICC placement and indications, benefits, risks and central line care will be reviewed with parents.
4. A Sterile Procedure in Progress with STOP sign will be placed on the closed door and observers in the room will wear a cap and mask during a sterile procedure. Parents will be asked to step out during this time.
5. Use Peripheral IV (PIV) Algorithm to minimize PIV attempts and decrease risk for infection.
6. The area above the infant's waist is considered the clean zone and the area below the waist is the dirty zone. All line changes should be done in the clean zone and the central line should be located in the clean zone.
7. A dedicated, closed medication administration line should be set-up for each central line.
8. Sterile gloves, mask, and hat should be used for tubing line changes. Tubing line changes will be discussed during the morning nursing huddle.
9. Bare arms to the elbows with no jewelry at all times.
10. An initial 3-minute hand scrub will be done at the beginning of the shift or before any sterile procedure.

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