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I. Population:

The following protocol applies to burn patients in the Burn ICU.

II. Considerations

- All non-tunneled lines placed at an outside facility should be considered for removal at the earliest opportunity.

- Ideally central lines will be inserted in non-burned areas.

- All central lines should be removed at the earliest opportunity once they are no longer clinically indicated.

- When there are signs of active infection around the central line insertion site, the line should be removed as soon as possible.

III. Interventions

- Line inserted through burned skin:
  - When it is necessary to insert lines through burned skin, these lines will be rotated by a new stick every 3 DAYS.
  - Dressing: If standard CHG dressing will not remain intact, cover insertion site with Hibiclens soaked fluff. Change every two days or PRN per Vanderbilt policy CL 30-07.11.

- Femoral lines:
  - Femoral central lines not inserted through burned skin will be rotated by a new stick every 5 days

- Other lines:
  - All other central lines (including PICC lines) will be rotated by a new stick every 7 days