

MEDICAL CENTER

Category

Clinical Practice

Protocol: Adult Burn Central Line Protocol

Protocol Number Approval Date BC-A-07 August 1, 2016

Due for review

August 1, 2018

Applicable to										
\boxtimes	VUH	☐ Children's	□ DOT	□ VM0	G Off-site locations		VMG	□ VPH	☐ Oth	er
Team Members Performing										
	All facult & staff Other:	y 🛭 Faculty 8 providing patient of contact	g direct	⊠ MD	⊠ House Staff		APRN/PA	⊠ RN	□ LP	N
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Content Experts										
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Table of Contents										
	I.	Population	ı:					2		
	II. Considerations::									
	III.	Intervention	ons:					2		

Adult Burn Central Line Protocol BC-A-07

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