CENTRAL VEIN CATHETER Communication Tool

TO: Nurse Manager DATE: .....

FROM: IV Therapy Nurse

This note is to make you aware that a patient currently on your unit has a **CENTRAL VEIN CATHETER** that is **OUT OF COMPLIANCE** with the Patient Care Standard.

STANDARD	Dwell Days	Subclavian / Jugular = 10 days Femoral = 3 days
	Guidewire	NOT ACCEPTABLE unless to correct a defective catheter
	Suspected Infection	Surgical House officer is to do a site assessment & arrange for catheter change

ROOM #	PATIENT NAME	SITE	Insertion DATE	Dwell DATE

☐ Catheter PAST DWELL DATE ☐ Catheter GUIDEWIRED ☐ SUSPECTED INFECTION (see Progress Notes)

ACTION TAKEN by IVT Nurse: .....

SIGNATURE / TITLE .....

ACTION TAKEN on UNIT: .....

SIGNATURE / TITLE .....

WHITE - IVT **YELLOW** - Nurse Manager **PINK** - IVT Dept Mail Box in Nursing Dept (Upon Form Completion)

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TO: Nurse Manager DATE: .....

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