

PROCEDURE CHECKLIST
Changing Central IV Dressings

Check (✓) Yes or No

PROCEDURE STEPS	Yes	No	COMMENTS
Before, during, and after the procedure, follows “Principles-Based Checklist to Use with All Procedures,” including: Identifies the patient according to agency policy; attends appropriately to standard precautions, hand hygiene, safety, privacy, and body mechanics. All steps in bold are critical requirements. The student must perform the skill within 10 minutes to be satisfactory.			
1. Obtains sterile central line dressing kit and mask for patient.			
2. Places patient in a semi-Fowler’s position if tolerated; lowers the siderail, and puts the bed at a working height.			
3. Explains the procedure to patient and places a mask on patient. If patient cannot tolerate a mask, directs him to turn his head to the opposite side from the insertion site.			
4. Dons mask and clean procedure gloves and carefully removes the old dressing by lifting and removing tape in the direction of the catheter insertion. Remove catheter stabilization device if used.			
5. Inspects catheter, insertion site and surrounding skin for complications.			
6. Removes gloves and performs hand hygiene.			
7. Sets up a sterile field and opens and arranges dressing kit supplies.			
8. Cleanses the insertion site with an antiseptic swab.			
a. If using chlorhexidine-containing products (preferred), uses a back-and-forth motion and friction for at least 30 seconds			
b. If using alcohol or 2% tincture of iodine, starts at the insertion site and works outward 2 to 3 inches in a circular pattern.			
9. Allows site to dry; does not fan			
10. Applies a new sterile catheter stabilization device, if one is available.			
11. Labels the dressing with the date changed, time, and initials.			

12. Removes mask and gloves and mask from patient.			
13. Places patient in a comfortable position, raises siderail, and places call light so it is accessible.			
14. Disposes of supplies into the appropriate receptacles.			
15. Performs hand hygiene.			

Recommendation: Satisfactory _____ Unsatisfactory _____

Unsatisfactory (Must document how the student was unsatisfactory on the reverse side of this form)

Student: _____

Date: _____

Instructor: _____

Date: _____