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Area	Trauma Surgical Critical Care
Applicability	Tennessee Hospitals ONLY

Central Line Management Practice Management Guideline

1. Process/Procedure Description

There are a number of pitfalls and problems associated with central access. The following guidelines will hopefully aid in safe line placement with minimal complications.

2. Who Should Read This Process/Procedure?

Trauma Residents, Trauma Attendings, Trauma Nurse Practitioners, Critical Care Nurse Clinicians (Redshirts)

3. Process/Procedure

Step:	Process Instructions/Description:
**	Skill certification Junior level residents and interns should perform at least their 1st 10 central lines, 5 A-lines or 5 chest tubes under the supervision of a PGY-3 or greater. For the line placement to count as part of your credentialing process, you need to make the needle stick and pass the guide wire without direct assistance.
A.	The Guideline 1. Non emergency central line placement a. When central lines are not being placed for emergency needs such as profound hypotension or life-saving medications, full sterile protocol should be undertaken. Surgical attire including head cover, mask, sterile gown and gloves should be adorned prior to central access, A-line or chest tube placement. Insertion site should be prepped either with chloraprep or hibaclens. b. Prep the ipsilateral IJ and subclavian site on every patient in case one site fails the

	other will be readily available. If a patient is wearing a cervical collar, the front of the collar should be removed and inline stabilization maintained by an assistant throughout the procedure. c. General draping protocol should be application of sterile blue towels followed by covering the area with the fenestrated paper/cellophane drape from the kit. 2. Emergency central line placement Under conditions of duress, quick betadine prep to the area followed by application of the paper/cellophane drape will be sufficient. However, it should be noted this was an emergent line placement and these catheters should be changed out using non-emergent techniques within 24 hours.
B.	Line changing protocols 1. Central line catheters can be left in place throughout the hospitalization if the patient is otherwise afebrile with normal white count and an insertion site which has no erythema or drainage. 2. A-lines should be changed every 10-14 days or when redness around the catheter site occurs. It is usually best to change these to a new site rather than guide wire changes. 3. Central lines in femoral position should be removed and access obtained peripherally or an IJ/subclavian site as soon as is practical.

References:

Heffner, Alan and Androes, Mark. “Overview of central venous access in adults.” UpToDate. https://www.uptodate.com/contents/overview-of-central-venous-access-in-adults. Accessed 15 July 2020.

Approval Signatures

Step Description	Approver	Date
COO	John Winks: Executive Vice President-COO	02/2025
Trauma Services Committee Approval	Stephanie Spain: Trauma Prgm Mgr Adult	02/2025
	Stephanie Spain: Trauma Prgm Mgr Adult	02/2025

Applicability

Erlanger Health - Baroness, Erlanger Health - Bledsoe, Erlanger Health - Children's, Erlanger Health - East, Erlanger Health - North, Erlanger Health - System