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Hemostatic Powder

• There is a hypoallergenic topical hemostatic powder that is being used to form a seal around the catheter and stop the flow of blood. This powder seals the site and eliminates the need for a dressing at 24 hours although the dressing should still be assessed at this time

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Cleaning Solutions

- Skin cleansing with CHG for dressing changes is recommended. A 30 second scrub with a 30 second drying time before applying the clear dressing.
- There is evidence to support that a reaction with the adhesive if the skin is not dry can cause skin excoriation.

- Patients under the age of two months or with sensitivities to CHG, povidone iodine is an acceptable alternative. The cleaning time is two minutes and must be allowed to dry. It can then be removed with sterile saline or allowed to stay on the skin of children older than two months.
- Several NICUs have adopted the CHG cleaning in the younger aged neonates.

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the other infusions should be paused during the sampling process

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Pediatric Device Maintenance

· Entering the system

- At the point of entry injection cap, volumetric pump, syringe pump, changing of syringe pump syringe, etc.
 - Scrub the point of entry with an alcohol prep swab for at least 15 seconds and allowing it to dry for another 15 seconds
- Do not use tubing from one lumen on any other lumen of the catheter
 - Cross contamination of the tubing can occur in the other lumens

Pediatric Device Maintenance

- The central venous catheter dressing should be assessed at least with every head-to-toe assessment
 - Remove any cover that may be over the area such as coflex to visualize the integrity of the dressing
 - Any dressing that is loose, wet or soiled should be changed as soon as possible.

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• Smaller syringes need to be on a pump and not hand flushed

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Pediatric Device Maintenance

- Needleless connectors should be changed with each tubing change, blood culture, blood administration or at least once a week
- When removing tubing from the CVC after an infusion or blood draw, insure that the needleless connector stays attached to the CVC hub

Proper Tip Placement

- It is important to know where the tip of the catheter you are troubleshooting is. A malpositioned catheter will often times need to be replaced especially if it is too short.
- A complication in pediatrics is torso growth. As the child grows the tip of the catheter is pulled out of position in the cavo atrial junction

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Basic Occlusions

- Crystallization of TPN and drug-to drug or drug-to-solution incompatibilities with a higher pH (>7.0) causes an basic occlusion
- Treat with 0.1 Normal Sodium Hydroxide or
- Sodium bicarbonate

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Catheter Fracture

- When troubleshooting an occluded central catheter there is always the risk of fracture.
- Troubleshoot with syringes no smaller 10 mL

Catheter Removal

- Midline, PICC, and Non tunneled catheters may be removed by RNs with competence in the process.
- After catheter removal a petroleum based ointment and a sterile dressing should be applied the site and decrease the risk of air embolus.

