Name:

Hosp #:

DOB:

(Affix patient label)

Ward:

# CVAD RECORD CHART
## (Central Venous Access Device)

Type of Device:

……

Size:

……

**CVAD Safety for parents/carers**

**Talk done ☐ Safety pack given☐**

Date: ……

Parent/carer: ……..

Nurse (Name/Signature):……

Great Ormond Street Hospital for Children NHS Foundation Trust

| Date | Dressing Type | Steristrips | Problems/Comments |
|---|---|---|---|
| | | Yes / No | |
| | | Yes / No | |
| | | Yes / No | |

## Exit Site Review (Please assess and document the site daily)

| Date | Comments | Initial |
|---|---|---|
| | | |
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| | | |
| | | |
| | | |

| Dressing Change/ Port needle Access | | Needleless device change e.g. MicroClave®/ SmartSite® | | |
|---|---|---|---|---|
| Date | Inital | Date | | Initial |
| | | | ☐R ☐W ☐Single | |
| | | | ☐R ☐W ☐Single | |
| | | | ☐R ☐W ☐Single | |
| | | | ☐R ☐W ☐Single | |
| | | | ☐R ☐W ☐Single | |
| | | | ☐R ☐W ☐Single | |
| | | | ☐R ☐W ☐Single | |
| | | | ☐R ☐W ☐Single | |
| | | | ☐R ☐W ☐Single | |

**Guidance Notes**

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© Clinical Practice Committee

| Exit Site Review (Please assess and document the site daily) | | |
|---|---|---|
| Date | Comments | Initial |
| | | |
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| | | |

| CVAD problem section | | |
|---|---|---|
| Date | Assessment/Outcome | Initial |
| | | |
| | | |
| | | |
| | | |

| **Positive** Blood Culture Results | | | |
|---|---|---|---|
| Date | Lumen | Reason blood culture was taken | Results |
| | ☐R ☐W ☐Single | | |
| | ☐R ☐W ☐Single | | |
| | ☐R ☐W ☐Single | | |
| | ☐R ☐W ☐Single | | |
| | ☐R ☐W ☐Single | | |
| | ☐R ☐W ☐Single | | |

**Guidance Notes**

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