

CVAD (Central Venous Access Device) Record Chart

Patient Label	Device:	CVAD Safety for Parents/Carers <input type="checkbox"/> Talk done <input type="checkbox"/> Safety pack given Date: .../.../...
	Size:.....	Name of parent/carer: Nurse (name/signature):
	Insertion date:	

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Date	Dressing Type used	Steristrips	Problems
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Exit Site Review (document daily)		Dressing change/ Port needle access		Needle-free device (e.g. Microclave®) change		
Date	Comments/signature	Date	Initials	Date	Initials	Tick:
						<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single
						<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single
						<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single
						<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single
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Problem Section e.g. Total Occlusion / Alteplase administered / Positional CVAD / Damaged CVAD / Repairs to CVAD	
Date	Comments/outcome

POSITIVE Blood Culture Results:								
Date taken	Lumen	Reason BC was taken	Result		Date taken	Lumen	Reason BC was taken	Result
	<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single					<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single		
	<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single					<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single		
	<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single					<input type="checkbox"/> R <input type="checkbox"/> W <input type="checkbox"/> Single		