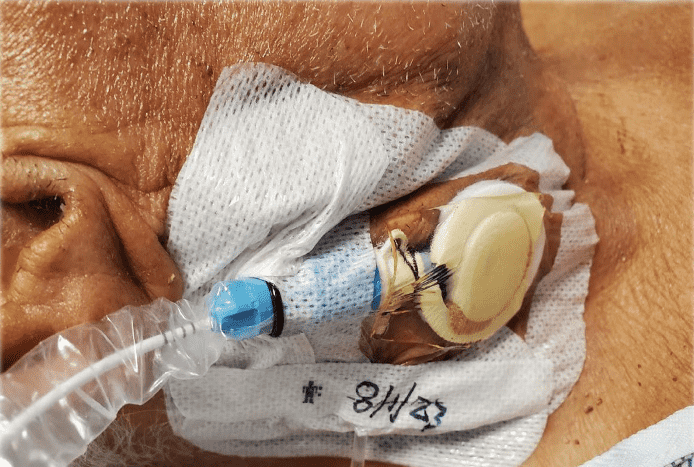
# Central Line Maintenance: Maintain Awareness and Proper Care of Catheters in Place

* Once a central line is inserted, it must be maintained and cared for meticulously to prevent introduction of pathogens.
* **Step 2** of CLABSI prevention is **to maintain awareness and proper care of catheters in place**. Best practices should be implemented to prevent MRSA during maintenance.1
* Below are the most widely recognized best practices associated with central line maintenance.2-5

## Central Line Site Care2,5

* Assess central line sites regularly, particularly for any pain and redness.
* Ensure dressings are clean, dry, intact, and sealed. Loose or leaking dressings must be changed immediately.

## Hub Disinfection6

* [**Scrub the hub**](https://www.youtube.com/watch?v=x96cU3_Nkas)**.**: All parts of the hub, including connection and access ports, should be scrubbed with chlorhexidine-, alcohol-, or povidone-iodine-based disinfectant.
* Only sterile devices should be used to access the hub. The importance of this should not be overlooked.
* IV tubing and administration sets should be replaced every 7 days.
* Tubing used for blood products, parenteral nutrition, and lipids should be replaced every 24 hours.

## Central Line Dressing Change5,7

* The preferred choice of dressing is a transparent dressing that contains chlorhexidine (CHG).
* Central line dressings should be changed every 5 to 7 days or sooner if they become loose, damp, or soiled.
  + A CHG-based antiseptic should be used to clean the site with every dressing change.
* If the site oozes, has blood accumulating underneath the dressing, or is not properly adhering to the skin, then a gauze dressing can be used instead.
  + Gauze dressings need to be changed every 2 days.

## Daily CHG Bathing (unless contraindicated)8-13

* All areas of the skin should be cleaned every day, with care to avoid the eyes and ear canals.
* Six inches of every line, tube, or drain nearest to the body should also be cleaned with CHG.
* For more on CHG bathing, refer to the [**Decolonization section of the ICU & Non-ICU toolkit**](https://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/decolonize-patients.html).

## Daily Review of Line Necessity and Prompt Removal of Unnecessary Lines14-17

* A systematic evaluation of all central lines should be conducted daily by a multidisciplinary team.
  + Lines should be discussed at each handoff.
* Evaluation should be conducted case by case to assess each patient’s individual status.

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