

Handling of CVK and SVP in children

CVK (children)

Inspect the plug-in site daily. (Sign in to do).

When handling CVK, always use aseptic technique.

Disinfect SmartSite with chlorhexidine spirit according to the Scrub-the-hub method, wash with chlorhexidine spirit for 30 seconds and allow to dry 30 seconds before use.

Switch *SmartSite* every 3 days. Mark with CVK flag and date. (Sign in to do).

Repositioning with sterile method every 5 days. If the dressing is dirty, damp or loose, replace it immediately!

Flush all lumens with 2-10 ml Sodium chloride 9 mg/ml at least once daily and before, between and after medicinal products. If CVK is not used regularly during the day, i.e. > 6 hours of break, all lumens can be instilled with Heparin according to a doctor's prescription. If only one lumen is used, the rest can be instilled with Heparin as prescribed by a doctor. For information about the Heparin instillation of CVK in children, see separate PM. If CVK is instilled with Heparin, mark with flag! Note that Heparin should be aspirated before CVK is used.

Sampling: See separate PM.

Managing CVK is signed in Doing. Change and change of status is written in nursing status under *Skin/Tissue*. Heparin is administered as required in the medical record.

Subcutan venport, SVP (children)

Inspect the plug-in site daily. (Sign in to do).

When handling SVP, always use aseptic technique.

Disinfect SmartSite with chlorhexidine spirit according to the Scrub-the-hub method, wash with chlorhexidine spirit for 30 seconds and allow to dry 30 seconds before use.

Switch SmartSite every 3 days. Mark with SVP flag and date.

Change of needle and repositioning with sterile method every 5 days. Important to EMLA before needle insertion! If the dressing is dirty, damp, or has loosened, it should be replaced immediately!

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Flush SVP with 2-10 ml Sodium chloride 9 mg/ml at least once a day, and before, between and after medicinal products. If the patient does not have on-going infusions or frequent injections, i.e. > 6 hours of interruption, instill with Heparin as prescribed by a doctor. For information about Heparin instillation of SVP on children, see separate PM. If SVP is instilled with Heparin, mark with flag. Note that Heparin should be aspirated before SVP is used.

Sampling: See separate PM.

Management of SVP is signed in To do. The connection of SVP is documented in measurement values during entry and exit exits K87-89. Repositioning, needle size and change in status are written in nursing *status* under *Skin/Tissue*. Heparin is administered as required in the medical record.

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Version history

Each document should contain a history that tells you, for each version, what changed, who made the change and when the change was made.

Version	Date	Change and comment	Responsible
3	2019-01-22	New template, new organisation.	Lars Wennberg
2	2015-04-21	Updated version of Ernad Z.	Lars Wennberg.
1	2013-05-20	From old I Inside, approved by Lars W and	Lars Wennberg.
		Bo-Göran E.	

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