

Competency Verification Record (CVR)
UVA Health
Central Line Dressing Change in Pediatrics - RN

Employee Name: _____ **Employee ID #:** _____ **Date Due:** _____

Disclaimer: Competency Verification Records (CVR) are temporarily stored in the Department’s competency filing system until completion has been recorded on a permanent competency form (e.g., OCA, ACR). The CVR requires a validator’s signature.

Transfer of CVR to Permanent Record: With this record of a validated competency, the preceptor, Dept. NEC, manager, or their designee locates the matching competency statement on the Annual Competency Record (ACR), Orientation Competency Assessment (OCA) Regional Competency Assessment (RCA), or Department Specific Competency (DSC) form. *(If the statement is not present, it can be written-in.)* The competency statement is then initialed and dated as complete.

Competency Statement:	Demonstrates standard central line dressing change and when standard CHG dressing contraindicated	
Validator(s):	RNs are qualified to sign the competency statement on ACR or Department Specific Competency Forms	
Validator Documentation Instructions:	Validator documents method of validation (below) and initials each skill box once completed and places their full name, signature, and completion date at the end of the document.	
Method of Validation:	DO	Direct Observation – Return demonstration or evidence of daily work.
	T	Test: Written or oral assessments, surveys or worksheets, passing grade on a CBL test.
	S	Simulation
	C	Case Study/ Scenarios: Create/share a story of a situation then ask questions that capture the nature of the competency that is being referenced.
	D	Discussion: Identify questions related to a competency and ask orientee to provide an example of their real-life experiences.
	R	Reflection: A debriefing of an actual event or a discussion of a hypothetical situation.
	QI	Quality Improvement Monitoring: Audits or compliance checks on actual work or documentation to ensure the competency is completed.
	N/A	If the specific product or process step is not used in the respective area or by the respective role, then this step is deemed N/A.
Validation Instructions:		

Demonstrated Skill Behaviors for Competency (Critical Behaviors in Bold)	Method of Validation	Evaluator’s Initials
1. Identify at least 2 indications for CL Insertion: <ul style="list-style-type: none"> ○ Medications/Infusions not indicated for peripheral infusion ○ Invasive hemodynamic monitoring ○ Large volume resuscitation ○ Inability to obtain alternative access ○ Hemodialysis/Apheresis 2. Identify at least 1 contraindication for insertion of a CL: <ul style="list-style-type: none"> ○ Prolonged postoperative use ○ History of poor access (must confirm no alternate access) ○ Patient, family or physician convenience 	D	

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3. Perform CHG treatment steps specific to a pediatric central line <ul style="list-style-type: none"> ○ Refer to Appendix A for determination of CHG treatment* 	DO	
4. Identify indications for CL dressing change: <ul style="list-style-type: none"> ● Change transparent dressing with/without CHG every 7 days ● Change gauze with/without Tegaderm every 48 hours ● NICU Patients PRN ● PRN indications for dressing change: <ul style="list-style-type: none"> ○ Dressing not clean, dry, or intact ○ White medipore border has lifted, exposing the transparent dressing or dressing is not intact (transparent window does not have full contact with skin) ○ Gel pad feels boggy ○ Visible blood/fluid extending beyond CHG gel pad ○ Identification of skin redness/blistering of skin under the dressing 	DO	
5. Gather supplies: <ul style="list-style-type: none"> ● Nursing Policy: Central Line Catheters ● Appropriate CVL dressing change kit: <ul style="list-style-type: none"> ○ Preterm/Infant (containing Betadine) ○ Pediatric (Contains CHG) ○ Adult (CHG and CHG dressing) <ul style="list-style-type: none"> ▪ For CHG allergy, utilize Preterm/Infant Dressing change kit (Betadine/Normal Saline) ● Obtain the appropriate size and type of dressing for the Pediatric, Preterm/Infant dressing kits, or for CHG allergy. ● Masks (patient, nurse, visitors), adhesive removal pads, sterile gloves (if kit provided gloves do not fit), clean gloves, hospital approved disinfectant wipes, cleanable work surface, trash can, pen ● Verbalize potential need for second person to assist if patient unable to follow instructions, has difficulty with positioning, or there is encroachment of a medical device 	DO	
6. Prepare work surface and equipment: <ul style="list-style-type: none"> ● Perform hand hygiene ● Apply clean gloves ● Disinfect work surface and allow to dry ● Remove gloves, cleanse hands and don new clean gloves ● Apply mask to self, patient, and visitors ● Position patient to access area around dressing site 	DO	
7. Remove soiled dressing: <ul style="list-style-type: none"> ● Utilize normal saline bullet to ease removal of CHG gel pad (if CHG is utilized) during removal ● Adhesive securement device-follow manufacturer's 	DO	

CVR Template: Created 11/10/2018; Revised; 11/21/2018; 12/29/2022; 6/8/2023

Name of CVR: Central Line Dressing Change in Pediatrics- RN

Date CVR Created: 09/01/2023 Date CVR Revised: 9/22/23

Subject Matter Expert(s): Kristi Kimpel Wilkins CNS and local CLABSI champions

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<p>recommendations for routine changes as some remain for life of catheter (e.g.: Securacath)</p> <ul style="list-style-type: none"> • Remove gloves • Perform hand hygiene (provided hand sanitizer) 		
<p>8. Prepare to apply new dressing:</p> <ul style="list-style-type: none"> • Open sterile portion of dressing kit and don sterile gloves • Cleanse site with appropriate antiseptic (refer to Appendix A) <ul style="list-style-type: none"> ○ If Betadine: <ul style="list-style-type: none"> ▪ apply (x 3 swabs) in concentric circles starting at insertion site and moving outward ▪ Allow betadine to dry ▪ Betadine then cleansed off with normal saline wipe in concentric circles moving outward ○ If Chloraprep™: <ul style="list-style-type: none"> ▪ First swab is utilized to remove exudate from the insertion site ▪ Second Chloraprep™ swab is applied in a crosshatch pattern, utilizing friction, for 30 seconds (2 minutes for a femoral placement) ▪ CHG removed with normal saline wipe if neonate is less than 37 weeks after CHG has dried • Allow to air dry completely • Apply thin layer Cavilon™ No Sting Barrier Film* to support dressing adherence avoiding the location of the CHG pad (if applicable) <p>*Note: Cavilon™ should only be applied for patients that are >1 month of age</p>	DO	
<p>9. Place occlusive dressing over insertion site:</p> <ul style="list-style-type: none"> • Apply occlusive dressing – All 3 pieces required to stabilize the catheter and help prevent infection <ul style="list-style-type: none"> ○ Ensure skin and insertion site are dry to facilitate securing of dressing to prevent skin irritation ○ Peel lining off of dressing; ensure V shaped notch is aligned with CL lumens (Away from insertion site) ○ Cover insertion site with CHG gel pad dressing if 	DO	

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applicable (See Appendix A); apply firm pressure over dressing – DO NOT stretch dressing <ul style="list-style-type: none"> ○ Use one hand to apply firm pressure to white border of dressing frame; remove frame with opposite hand-Keep frame with dressing parts #s 2 & 3 ○ Lift the lumens with one hand and align the securing piece #2 underneath the lumens on top of the border of the dressing ○ Date label strip #3 and then apply across the securing strip notch to seal and document in EMR 		
10. Applies isopropyl cap to hub <ul style="list-style-type: none"> ● Verbalize the need for caps on all open hubs, including pre-pump hub of IV tubing 		

Competency Verified by:

_____ Date: _____

Validator's Name (printed)

Validator's signature

References:

[Central Line Catheters Nursing Clinical Policy](#)

Appendix A for Children's Hospital Guidance (2023) on following page

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Appendix A: Children's Hospital guidance for antiseptic and chlorhexidine guidance:

Patient category	Line insertion antiseptic	Dressing change skin antiseptic	Dressing	CHG bathing treatment
< 28 weeks GA and < 14 days	Betadine AND remove with sterile saline wipe after dried	Betadine AND remove with sterile saline wipe after dried	Non-CHG transparent dressing	No routine CHG bath
< 28 weeks GA and > 14 days OR ≥ 28 weeks GA to < 37 weeks GA	2% CHG with 70% IPA AND remove with sterile saline wipe after dried	2% CHG with 70% IPA AND remove with sterile saline wipe after dried	Non-CHG transparent dressing	No routine CHG bath
≥ 37 weeks PMA and < 2 months old	2% CHG with 70% IPA	2% CHG with 70% IPA	Non-CHG transparent dressing	Routine CHG bath
≥ 37 weeks PMA and ≥ 2 months old	2% CHG with 70% IPA	2% CHG with 70% IPA	CHG transparent dressing	Routine CHG bath
Patient with CHG allergy /sensitivity or significant skin breakdown	Betadine AND remove with sterile saline wipe after dried	Betadine AND remove with sterile saline wipe after dried	Non-CHG transparent dressing	No routine CHG bath Routine CHG to lines

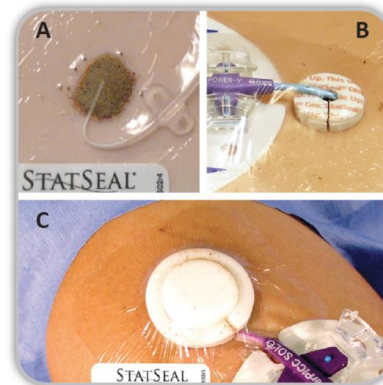
Definitions:

- Isopropyl alcohol (IPA)
- Gestational age (GA) is defined as time elapsed between the first day of the mother's last menstrual period and the day of delivery
- Postmenstrual age (PMA) or, sometimes referred to as corrected gestational age (CGA), is the baby's gestational age at birth plus the postnatal age (days of life)

Close observation of the insertion site is required to monitor for the development of contact dermatitis from the chlorhexidine (CHG) patch.

* If CLABSI rates in neonatal patients rises and the SIR remains above SIR goal for ≥ 2 months, CHG impregnated dressings may be considered in infants ≥28 weeks GA and ≥14 days of age and CHG bathing in ≥28 weeks GA and ≥4weeks of age

Use product-specific instruction on sutureless securement device changes during dressing changes.



A: StatSeal Powder B: StatSeal Disc
C: StatSeal Powder in Powder Containment Device

[Pediatric Central Venous Access Device Dressing Change- Lippincott Reference](#)

For continuously bleeding site containment:
[UVA NPGO Stat Seal Quick Reference Guide](#)