**LCC Students will participate in care of only those central venous catheters that have documentation of placement in the superior vena cava.**

1. **Central Venous Catheter (CVC) PLACEMENT, CONFIRMATION, AND COMPLICATIONS**

   It is the nurse's responsibility to know the anatomical location of the tip of the central line. According to the Intravenous Nurse Standards, “Radiographic confirmation of correct catheter tip location should be obtained as soon as possible and prior to initiation of prescribed therapy. In an emergency situation, with a physician’s order, the line may be used prior to confirmation. Radiographic confirmation is obtained as soon as possible. Correct catheter tip location should be in the superior vena cava. When a central catheter is placed in a femoral vein, correct location should be in the inferior vena cava.”

2. **CVC PREP AND INITIAL ASSESSMENT GUIDELINES – EXPECTATIONS OF STUDENTS:**

   Must have knowledge of:

   a. Type of CVC, number of lumens
   b. Anatomical location of tip
   c. Flushing routines required for this type of CVC (LCC students are required to follow INS Standards which state that lack of a good blood return from any port indicates malfunction. That port should not be used until adequate blood return has been reestablished).
   d. Date of last dressing change
   e. Date of next IV tubing change

3. **LCC / INS Standards regarding venipuncture charting and solutions that can be administered through peripheral and midline catheters**

   a. LCC students should not administer continuous vesicant chemotherapy, parenteral nutrition exceeding 10% dextrose or 5% protein, or any solution/medication with a pH less than 5 or greater than 9 through a peripheral or midline intravenous catheter (INS Standards)
   b. When charting venipunctures, the gauge and length of the catheter, anatomical location (name of vein and location), patient's response to placement, and number of attempts should be included (INS Standards).