

- Chlorhexidine impregnated sponge dressings should be used for short-term central catheters in patients older than 2 months when central line associated bloodstream rates are not decreasing with other efforts, such as chlorhexidine skin cleansing, maximum sterile barrier precautions during insertion, and staff education.
- Do not apply ointments to the insertion site; they promote fungal growth and antimicrobial resistance.
- Replace IV administration sets at the following frequencies:
 - Continuous infusions of crystalloids at no less than 96-hour intervals, but at least every 7 days.
 - Blood products or lipid emulsions sets within 24 hours of starting the infusion.
 - Propofol sets every 6 to 12 hours and when the vial is changed.
 - No recommendation was made on the frequency of intermittent set changes.
 - Include all needleless components (including injection caps at the catheter hub) in administration set changes.
- In pediatric patients, PIV catheters may remain in place until a complication occurs or the therapy is complete.
- Promptly remove temporary central catheters or PIV catheters as soon as they are no longer needed.

Complications

The same precautions regarding maintenance of asepsis, prevention of infection, and observation for infiltration are carried out with patients of any age. However, infiltration is more difficult to detect in infants and small children than in adults. The increased amount