Critical Care Guidelines FOR CRITICAL CARE USE ONLY



Central Venous Catheter Placement Guideline for ACCPs who have completed Initial CVC Competencies

The following guidance applies to ACCPs who have:

- Successfully completed training and supervised practice
- Evidence of safe technique and significant numbers of CVC insertions
- Been signed off by an ACCP Clinical Lead as proficient in CVVHD catheters, 'double-wires', and femoral CVC insertions

Technical Factors

- Ultrasound guidance will be used when placing all CVCs
- The Subclavian route will not be used for CVC access. There is not enough exposure to this skill to develop or maintain competence.

Challenging & Higher Risk Insertions

Some CVC placements incur more risk, for example in patients with:

- Large body habitus
- Coagulopathy
- Agitation
- Raised ICP

Before each attempt, difficulties and risks should be anticipated, and steps taken to mitigate these. For example:

- Optimise patient positioning
- Correct coagulopathy if appropriate
- Minimise 'head-down' time in patients with raised ICP
- Address any patient agitation or anxiety that may interfere with safe line placement
- Consider procedural sedation and airway support
- Recognise previous CVC placements/attempts and thrombus or scar tissue

In emergency situations, an ACCP may be the most experienced operator and should proceed with CVC insertion to maintain patient safety. At the first opportunity, discuss with senior medical staff any concerns or challenging factors, and seek advice or assistance.

Professional Considerations

- Unless it is a life-threatening emergency, discuss CVC placement with SpR/Consultant
- Practice in line with NMC and FICM recommendations
- Work within the limits of own level of competence and experience
- Maintain evidence of ongoing competence in line with FICM recommendations and annual ACCP appraisal processes
- Recognise the importance and value of personal indemnity insurance arrangements while undertaking extended roles

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