UMBILICAL CATHETER REMOVAL (UAC/UVC)


Ensure that there is another patent intravenous access prior to the removal of umbilical catheters.

If only one umbilical catheter is to be removed, a nurse may remove the catheter if they have been stitched in separately. If the catheters have been stitched in together then it is the responsibility of medical staff to remove the catheter.

The person removing the catheter should document the removal on the observation chart and complete the “Insertion and Removal of Central Venous Lines” stamp in the infant’s progress notes.

EQUIPMENT
- Umbilical catheter removal pack
- Chlorhexidine swabstick 1% / Povidone Iodine 10% swab
- 0.9 % N/Saline and gauze

PROCEDURE
1. Consider sucrose.
2. A normal saline soak may be necessary to remove coagulated blood from around the site and assist in the visualisation of the sutures.
3. Discontinue infusion. The nurse assisting should gently hold the legs of the infant.
4. Remove the tape around the catheter to be removed. If both to be removed do one at a time.
5. Cleanse umbilical area with chlorhexidine swabstick / povidone-iodine solution
6. Apply artery forceps below the sutures prior to cutting the suture (to prevent migration of the catheter internally in the advent of the catheter being accidentally cut).
7. Place gauze pad directly over the umbilicus, exerting pressure in an upward direction for UVC and a downward direction for a UAC.
8. Remove catheter in a slow continuous motion to promote vasoconstriction. Check that catheter is intact. Continuous pressure should be applied for a minimum of 5 minutes. Ensure the peripheries stay pink and well perfused.
9. Leave infant in the supine position with the stump uncovered for one hour to observe for blood loss.