

I-180 R Sterile Injection Cap Change

Purpose

Maintain a sterile closed system by assuring injection cap is clean and secure.

Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): _____

Equipment/Supplies

- Sterile injection cap.
- Tape.
- Hemostat or Kelly-Bulldog clamp, if needed.
- Sterile normal saline.
- Alcohol wipes.
- Disposable sterile gloves.
- Syringe and one-inch 22g needle.

Procedure

1. Explain the procedure to the client and position the client for comfort with access to central line.
2. Assemble the equipment.
3. Wash hands. Refer to Hand Washing procedure.
4. Don clean gloves.
5. Prepare syringes: 5 ml of normal saline and one heparin flush (2.5 ml).
Use needleless access whenever possible to decrease incidence of needle sticks and to reduce the possibility of damage to the catheter.
6. Using aseptic technique, prime new injection cap with one ml of normal saline.
7. Make certain catheter is clamped (*see Special Instructions for Groshong*).
8. Untape connection site between injection cap and catheter. Do not cut tape with scissors as they may damage catheter.
9. Grasp end of catheter between index finger and thumb. Cleanse connection with alcohol swab for 30 seconds and allow drying.
10. Unscrew old injection cap and discard.

11. Remove protective covering from new injection cap and, touching only the outside rubber port, screw new cap onto the catheter.
12. Release the clamp briefly to determine if the cap is on correctly and that the connection is not leaking. Reclamp catheter, if not currently being used.
13. Tape the connection making tabs on ends of tape. *One-half inch tabs on end of tape make removal easier.*
14. Dispose of supplies as outlined in the Agency Waste Disposal Policy.
15. Frequency of cap change: Rubber-stopped Luer-lock caps are used to maintain a sterile closed system when catheters are not in use. The frequency of change depends on catheter use, agency policy, and/or physician order. The general rule is - change weekly or more often if catheter becomes cored from multiple accesses.

Documentation Guidelines

Document in the clinical record:

1. Date and time of the procedure.
2. Type and amount of flush solution.
3. The client’s tolerance of the procedure.

Policy History

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