Staff Teaching Sheet: Bleeding from Central Venous Catheter Post-insertion

Scant/small amount of bleeding from site:
- Reinforce the dressing and change as necessary.
- Mark borders of bleeding and document.
- Assess site regularly (q15-30 minutes for first hour, then every hour) for any further bleeding.
- Provide patient teaching about what to do if bleeding noted after discharge and give handout “Your HD Catheter” (bcrenalagency.ca ♦ Health Info ♦ Managing My Care ♦ Vascular Access)

Significant bleeding from site (saturation through multiple dressings):

- Put in semi-Fowlers position and encourage patient to restrict movement.
- Change or reinforce the dressing, applying pressure dressing using 4x4s and adhesive tape.
- Apply pressure first over the neck vein (internal jugular - IJ)/clavicle area, and note whether or not bleeding is reduced or stopped. If bleeding persists, move the pressure systematically down the length of the tunneled catheter toward the exit site in order to isolate the source of bleeding.
- The primary source of bleeding is most commonly where the central venous catheter (CVC) enters the IJ vein or from broken capillaries within the tunnel, not at the exit site.
- By determining the source of the bleeding, pressure can be applied in the most effective manner.
- Inform the nephrologist. Patient may require further suturing to site and/or medications to promote coagulation. If inserted by surgeon, notify the surgeon.
- Assess site q15 mins for further bleeding until bleeding has ceased, then hourly. Document all assessment findings and interventions.
- Check the Hgb if prolonged or significant bleeding
- Do not discharge patient home until bleeding has stopped for a minimum of:
  - Scant/small amount of bleeding from site: 1 hour
  - Significant bleeding from site (saturation through multiple dressings): 2 hours
- Provide teaching to patient about what to do if bleeding noted after discharge and give handout “Your HD Catheter” found at: bcrenalagency.ca ♦ Health Info ♦ Managing My Care ♦ Vascular Access)