Your Vascular Access Device (VAD) Passport

This passport contains relevant information for you, regarding the vascular access device you have in place. Please show this to any healthcare professionals involved in the care and management of your VAD. It is important to take this booklet with you to all health reviews or if you visit hospital as an outpatient, inpatient or emergency admission, while you have the VAD in place.

Should you experience any difficulties with your VAD please contact:	
Name	
Department	
Contact	

Supported by:

Supported by:

Becton, Dickinson U.K. Limited, 1030 Eskdale Road,
Winnersh Triangle, Wokingham, RG41 5TS

bd.com/en-uk

Notes

Vascular Access Device Guidance

Advice for patients

- Follow guidance regarding activities permitted
- Keep warm
- Keep dressings dry and intact
- Keep well hydrated
- Ask for advice if any concerns
- If you have a PICC or Midline, no blood pressures in that arm
- Ensure arm is supported when providing care and maintenance of device
- Ensure hands washed before touching the device

The person looking after your device will perform the following guidance:

Changing Needle-free Device

- Every 7 days or if clinically indicated
- Use aseptic non-touch technique
- Remove needlefree device.
- Scrub luer access hub with 2% Chlorhexidine in 70% alcohol (unless allergic) for 15 seconds and allow to air dry
- Attach new needlefree bung using aseptic non-touch technique

Flushing Vascular Access Device

- Dependent on device, generally weekly, before and after any infusion therapy or blood sampling
- Only 10ml syringe using push/pause technique and positive pressure disconnect
- Use aseptic non-touch technique
- All access points scrubbed with 2% Chlorhexidine in 70% alcohol (unless allergic) for at least 15 seconds and allow to air dry
- Document ease of flushing and aspiration

Dressing Vascular Access Device

- Wash and/or gel hands
- Apply clean gloves to remove dressing carefully
- Observe the site for redness, swelling or oozing
- Clean hands or gelled, apply new (sterile for CVAD) gloves
- Check length of device (as appropriate)
- Clean site with 2% Chlorhexidine in 70% alcohol (unless allergic) for at least 30 seconds and allow to air dry
- Change securement device at every dressing change if appropriate
- Apply IV transparent dressing
- Document care and observations

If you require a new passport please ask the healthcare professional who cares for your device.

My Details (Attach Sticker)	
Name	
Address	
Postcode	
Allergies	
Anticoagulant therapy name & dose	
Tip position documented in medical notes safe to use	☐ Yes ☐ No
Type of VAD inserted	☐ Peripheral Intravenous Cannula (PIVC) ☐ Peripheral Midline ☐ CT Compatible Device ☐ Peripherally Inserted Central Catheter (PICC) ☐ Tunnelled Central Venous Catheter (CVC) ☐ Apheresis Tunnelled CVC ☐ Dialysis Tunnelled CVC ☐ Implantable Port ☐ Other (please state)
Device lot number label here	

Notes

Introduction

Your VAD passport is a patient held record. It is designed to provide essential information for you and all healthcare professionals you see. Every time your VAD is used the relevant record section should be completed by yourself or your healthcare professional.

My agreement

I agree that my VAD passport has been fully explained by my health care professional and I consent to its use.

Name:	Signature:	Date:

VAD care and maintenance

24 hour dressing booked?	Yes	Non-applicable
Weekly/monthly dressing and flushes arranged	Yes	Non-applicable
Discussed importance of keeping dressing dry and intact (use of shower sleeve)?	Yes	Non-applicable
Activity limitation advice given?	Yes	Non-applicable
Who to contact for advice?	Yes	Non-applicable
Explain the need for having the passport with them for: Community Nurse Visits Hospital appointments Trips away from home	Yes	

Healthcare professional

The use of the VAD passport has been fully explained.

HCP Name:	Signature:	Date:

Insertion information	
Total length of line (cm)	
External length (cm)	
Tip position confirmation	☐ CXR/Fluoroscopy ☐ Intracavitory ECG ☐ Other
Recommended maximum VAD dwell time	
Duration of therapy	
VAD indicated for	☐ Antibiotics ☐ Fluids ☐ Parenteral Nutrition (PN) ☐ Systemic Anti-Cancer Therapy ☐ Blood products ☐ Other
Dedicated lumen	
How dedicated lumen identified	Colour _____ Label _____ Name _____
VAD Securement	☐ Adhesive skin fixation device ☐ Skin fixation devices ☐ Subcutaneous engineeredn stabilisation device ☐ Sutured ☐ Removal date ☐ N/A

Length: Migration: ☐ Yes ☐ No	Length: Migration: ☐ Yes ☐ No	Length: Migration: ☐ Yes ☐ No
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
☐ Aspirate freely ☐ Some resistance ☐ Unable to	☐ Aspirate freely ☐ Some resistance ☐ Unable to	☐ Aspirate freely ☐ Some resistance ☐ Unable to
☐ Yes ☐ No ☐ Flushing freely ☐ Some resistance ☐ Blocked	☐ Yes ☐ No ☐ Flushing freely ☐ Some resistance ☐ Blocked	☐ Yes ☐ No ☐ Flushing freely ☐ Some resistance ☐ Blocked
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☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Vascular Access Device record

Date		
Signs of phlebitis ie Redness, pain, swelling. (Follow local policy)		
*PICC length observable (cm)	Length: Migration: ☐ Yes ☐ No	Length: Migration: ☐ Yes ☐ No
Able to aspirate all lumens (if appropriate) and ease?	☐ Yes ☐ No ☐ Aspirate freely ☐ Some resistance ☐ Unable to	☐ Yes ☐ No ☐ Aspirate freely ☐ Some resistance ☐ Unable to
Able to flush and ease?	☐ Yes ☐ No ☐ Flushing freely ☐ Some resistance ☐ Blocked	☐ Yes ☐ No ☐ Flushing freely ☐ Some resistance ☐ Blocked
Dressing totally intact?	☐ Yes ☐ No	☐ Yes ☐ No
Dressing changed?	☐ Yes ☐ No	☐ Yes ☐ No
Adhesive skin fixation changed?	☐ Yes ☐ No	☐ Yes ☐ No
Needlefree device changed?	☐ Yes ☐ No	☐ Yes ☐ No
Inflammation/ excoriation present?	☐ Yes ☐ No	☐ Yes ☐ No
Measurement of area across (mm)		
Comments/problems/ patient discomfort		
Next dressing due date		
Signature		
Name		
Title		

Dressing applied	Brand Name Size		
	Barrier film	Yes	No
	Chlorhexidine sponge	Yes	No
Needlefree device	Brand Name ☐ N/A		
Clamping sequence if clamped device (please circle):	Before disconnection		After disconnection
Flushing/locking solutions	☐ Sodium Chloride 0.9% ☐ Heparinised saline dose.....ml ☐ Antimicrobial lock system..... ☐ Type/dose.....		
Need to aspirate each lumen advised	☐ Yes ☐ No		
Flushing frequency/Final flush for each lumen irrespective of which lumen used Nb. Some drugs require an alternative flushing solution	Sodium Chloride ☐ Pre and post each access ☐ Weekly Heparinised Saline.....i.u./ml ☐ Post each access ☐ Post last drug administration ☐ Weekly ☐ Monthly		

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