

Non-Tunneled Central Line Removal — “Power Minute”

High-risk moment: the tract is briefly open to **air** and **bleeding**. Our job is to **seal the tract** and **control bleeding**.

Scope: Non-tunneled CVC only (IJ / subclavian / femoral). Not PICC. Not tunneled.

60-Second Standard Work

1

(order + supplies)

- Confirm provider order + line type/site (non-tunneled only)
- Quick risk check per unit expectations (bleeding/anticoag)
- Supplies ready: sterile gloves, CHG, sterile gauze, tape, occlusive dressing

2

(position + breath)

- Trendelenburg if tolerated
- (or can't tolerate Trendelenburg): supine
- Valsalva during pull; otherwise pull on
- Ventilated/unable to follow commands: coordinate exhalation phase/pause per RT/provider

3

- CHG prep; let dry
- (maintain coverage as the catheter exits)
- Smooth, steady removal on Valsalva/exhale
- until hemostasis to
- Apply seal tract

4

- Occlusive dressing:
- Site checks: for bleeding/hematoma
- Escalate immediately if air embolism symptoms occur

MEMORY AID

Position.
Exhale.
Seal.

Prevent air embolism + bleeding at removal.

Red Flags (Escalate)

Possible air embolism

Sudden SOB, chest pain, cough, acute neuro change, hypotension/syncope.

Bleeding / hematoma

Persistent bleeding, expanding hematoma, dizziness, hypotension, patient distress.

Documentation (quick)

Chart

Tip intact • pressure held 2–5 min • hemostasis achieved • occlusive dressing applied • tolerated well • site checks 5/15/30/60.

Note

Length documentation is not required (lines are never trimmed).