

# EVD

## A QUICK GUIDE: EXTERNAL VENTRICULAR DRAINS OCTOBER 2020

### OBJECTIVE

- Explain what an EVD is
- Nursing Care & Management of the EVD
- Overview of SRFT EVD Policy

### EDUCATION

- Staff to complete EVD competency workbook
- Familiarize yourself with the policy available on the intranet: External Ventricular Drain (EVD) Insertion & Management
- Utilize education team for help/support where required
- The trust also has a patient leaflet for patients who have an EVD inserted

### EVD SAFETY

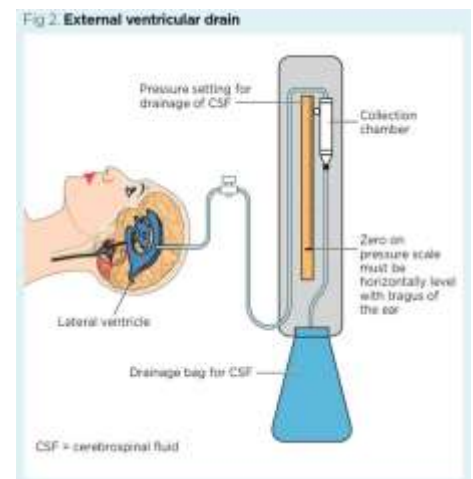
- CSF Leaks or a blocked EVD to be reported immediately and attended to within 1 hour by neurosurgeon/ other appropriately trained staff
- Under NO circumstances should an EVD be pushed back if found to have become fully/partially displaced
- Report any wetness underneath the dressing immediately
- Contact neurosurgical staff immediately if there is no oscillation in the system-the drain may be blocked and hydrocephalus is likely to develop
- Report any EVD adverse incidents in a timely manner

### WHAT IS AN EVD?

An external ventricular drain (EVD) is a temporary drain that drains cerebro-spinal fluid (CSF) from the lateral ventricles in the centre of the brain into a drainage bag. CSF is fluid that surrounds the brain and fills the four chambers (ventricles) inside the brain as well as carrying nutrients and waste products to and from the brain. The EVD consists of a thin plastic tube which is placed in one of the ventricles of the brain and connected to an external drainage system.

#### EVD Important Information

- Average hourly drainage is 10-15ml
- EVD should oscillate-this means fluid level will swing up and down in the catheter
- Decision to remove the drain is undertaken by the neurosurgical team. The drain may be clamped for a predetermined length of time before removal.
- Change collection bag once  $\frac{3}{4}$  full



### NURSING MANAGEMENT

- EVD must be clamped when moving a patient and kept in an upright position-To ensure drainage of CSF is not excessive and that the EVD filter does not become contaminated with CSF
- After zeroing the system, EVD should be re-opened as soon as possible
- EVD pathway to be completed hourly
- Always check your EVD is at the prescribed level
- Always utilize a green coloured pillowcase, to be used on one pillow which has been designated as the pillow to be used under the patients head. This pillow MUST NOT be used elsewhere on the patient to support positioning
- Do not use incontinence pads under the head of a patient with an EVD in situ
- Wash patients hand three times a day with soap and water and clean dirty nails with a single use nail brush once per day-make sure this is prescribed on EPR
- Dressings covering the wound and EVD site to remain intact, changed every 7 days, unless it is soiled or loose
- Strict ANTT to be followed during dressing changes and 0.9% sodium chloride to be used for cleaning
- Patients hair never be washed whilst an EVD is in situ
- Monitor patient using GCS scoring tool
- Temperature to be taken regularly and any pyrexia (38.3) to be reported to medical staff
- Send a swab for culture and sensitivity if infection is suspected
- Accurate zero level should be set by using a spirit level
- All patients should have a bed head sign on the drip stand with the EVD
- Always maintain a closed system



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