

CENTRAL VENOUS CATHETER INSERTION NOTE

<input type="checkbox"/> SICU	<input type="checkbox"/> MICU	<input type="checkbox"/> CCU	<input type="checkbox"/> PICU	<input type="checkbox"/> ED	<input type="checkbox"/> OR	<input type="checkbox"/> OTHER
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Is this a wire change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was an alternative considered? (e.g., PICC, peripheral)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was consent obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the proceduralist wash hands?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Timeout performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Indications for Use	Insertion Site	Side	Type of Catheter
<input type="checkbox"/> Pressors	<input type="checkbox"/> Subclavian	<input type="checkbox"/> Right	<input type="checkbox"/> Triple Lumen
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Internal Jugular	<input type="checkbox"/> Left	<input type="checkbox"/> Introducer
<input type="checkbox"/> Fluids/Blood	<input type="checkbox"/> Femoral		<input type="checkbox"/> PA Catheter
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Other (specify) _____
<i>A standard Seldinger technique was used unless otherwise indicated</i>			Size of Catheter: _____

Pre-Insertion Skin Prep		
<input type="checkbox"/> Chlorhexidine	<input type="checkbox"/> Providone-Iodine	<input type="checkbox"/> Other (specify) _____

Barrier Precautions (check all used)				
<input type="checkbox"/> Sterile gown	<input type="checkbox"/> Sterile gloves	<input type="checkbox"/> Cap	<input type="checkbox"/> Mask/Eye Protection	<input type="checkbox"/> Full body drape
<i>All should be used in a non-emergent situation</i>				
Was sterile technique maintained throughout insertion?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe the circumstances under which this line was placed:		
<input type="checkbox"/> Non-emergent	<input type="checkbox"/> Emergent (life threatening)	<input type="checkbox"/> Pre-existing infection

Type of Dressing:	<input type="checkbox"/> Transparent Occlusive	<input type="checkbox"/> Antimicrobial	<input type="checkbox"/> Gauze	<input type="checkbox"/> Other
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Dressing applied by:	<input type="checkbox"/> Proceduralist (preferred)	<input type="checkbox"/> Nurse	<input type="checkbox"/> Other (specify) _____
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Follow-up CXR:	<input type="checkbox"/> Ordered	<input type="checkbox"/> Not ordered (specify reason) _____
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CXR Findings (check all that apply):	
<input type="checkbox"/> No pneumothorax	<input type="checkbox"/> Pneumothorax (describe action taken) _____
<input type="checkbox"/> Catheter position okay	<input type="checkbox"/> Catheter position adjusted (describe) _____

Pulmonary artery catheter pressures: CVP _____ RV _____ PA _____ Wedge _____
PA Inserted to _____ cm

Complications:	<input type="checkbox"/> None	<input type="checkbox"/> Placement unsuccessful	<input type="checkbox"/> Yes (describe) _____
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Proceduralist: _____	Date: _____
Nurse: _____	Date: _____

Patient Identification Label

Central Venous Catheter (CVC) Insertion Checklist

Direction for use: Nurse assisting physician/RN must complete this checklist.

Today's date: _____ Consent signed Yes No Location of patient _____

1. Type of Central line: _____ Umbilical _____ PICC
_____ Other

Location of Line _____

2. Is the procedure _____ elective _____ emergent

3. Time out Yes No Educational sheet provided Yes No

4. Physician/RN performing insertion _____

5. Before the procedure did the inserter perform Hand Hygiene? Yes No
(using either soap & water or alcohol based product)

6. Maximal Sterile Barrier

Precautions Used by Inserter?

Mask	Yes	No
Sterile Gown	Yes	No
Sterile Gloves	Yes	No
Cap	Yes	No
Large sterile drape	Yes	No

7. Skin Preparation:

Chloraprep	Yes	No
(if baby is >32 weeks gestation or >2weeks of life)		
Betadine	Yes	No
(if baby is <32 weeks gestation or <2 weeks of life)		

8. Did personnel involved in setting up the sterile site wear a mask? Yes No

9. Did personnel involved in assisting in the procedure wear a mask? Yes No

Form completed by _____

Patient sticker

Send completed forms to IV/PICC Team

ICU Central Line Insertion Checklist
To be Completed by RN assisting with Procedure
Use ICU Procedure Cart

Name Sticker Here

CRBSI: Nursing checklist

• If there is an observed break in technique of infection control practices, line placement should stop immediately and the break in technique should be corrected. If a correction is required, mark yes to question #11 and explain the break in technique at the bottom of the page and what corrections were made.

1. Today's date: ___ / ___ / ___
 month day year

3. Line Location: R side L side
 Brachial SC IJ Femoral _____

4. Line Type: Triple Lumen Swan Ganz Dialysis PICC

5. Procedure: New line Rewire

6. Is the procedure? Elective Emergent

7. Pt. Intubated? Yes No

	An RN will assist in all Central Line Insertion Procedures	Yes	Yes after correction
8.	Before the procedure, did the Physician:		
	a. Wash hands or use alcohol hand sanitizer immediately prior?		
	b. Skin Prep procedure site? (<i>Use ChlorPrep from Arrow Kit</i>)		
	c. Drape entire patient with a full drape in a sterile fashion?		
9.	During the procedure, did the Physician:		
	a. Use hat, mask, sterile gloves, and sterile gown?		
	b. Maintain a sterile field?		
	c. Did all personnel assisting with procedure follow the above precautions? (mask/hat)		
10.	After the procedure:		
	a. Was a sterile dressing applied to the site?		

11. Was a correction required to ensure compliance with infection control practices? If yes, explain Yes No

Please note if procedure was done during an emergency (i.e. code, other) _____