## **CENTRAL LINE BUNDLE – INSERTION CHECKLIST**

| Date:   |   |                       |           | Start Tir           | ne:     |                   | E | nd Time: | :                |                       |
|---|---|-----------------------|-----------|---------------------|---------|-------------------|---|----------|------------------|-----------------------|
| Procedure Location:   |   |                       |           |                     |         |                   |   |          |                  |                       |
| Procedure Operator:   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   | Anesthesiologist      |           | Surgeon             |         | Resident          |   | PA       |                  |                       |
| Person Filling Out Form:  |   | 5                     |           | U                   |         |                   |   |          |                  |                       |
| o 4 4 <b>T</b>  |   | Attending             |           | Resident            |         | RN                |   | PA       |                  | Anesthesia Technician |
| Catheter Type:  |   | Dialysis              |           | Central Venous      |         | PICC              |   | PA       |                  | Port                  |
| Number of Lumens:   |   | 1<br>Catheter lot     | L.<br>num | 2<br>ber:           |         | 3                 |   | 4        |                  | 5                     |
| Insertion Site:   |   | Subclavian            |           |                     | Fom     | oral <u>Side:</u> |   | Left     |                  | Right                 |
| Insertion Site: Subclavian Jugular Femoral <u>Side:</u> Left Right<br>Reason for Insertion: (NO Routine Replacement!) |   |                       |           |                     |         |                   |   |          |                  |                       |
| \   |   | Elective              |           | Malfunction         |         | Emergent          |   |          |                  |                       |
| F   | REC   |                       | ENT       | S of the CL B       | undl    | е                 |   |          |                  | YES                   |
| Bundle Element = Hand Hygiene   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   | t Cleanse Hands (     | ASK       | , if not witnessed) |         |                   |   |          |                  |                       |
| Bundle Element = Optimal Catheter Site Selection  |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   | eferred site for ce   |           |                     | rnate   | planned.          |   |          | Τ                |                       |
| Explain why alternate site used:  |   |                       |           |                     |         |                   |   |          |                  |                       |
| Anatomy – distorted, p  | orior   | surgery/rad.scar      |           | Anesthesio          | ogist p | blaced            |   |          |                  | OR                    |
| Chest wall infection  |   |                       |           | Coagulopat          | ny i    |                   |   |          |                  | EXCEPTION(S)          |
| COPD severe/ lung d>  | (   |                       |           | Dialysis line       | place   | d                 |   |          |                  | checked to the left   |
| Emergency / CPR   |   |                       |           | Operator tra        | ining   |                   |   |          |                  |                       |
| Bundle Element = Skin Antisepsis  |   |                       |           |                     |         |                   |   |          |                  |                       |
| Chloraprep 10.5 r   | <ul> <li>Skin Prep Performed<br/>Chloraprep 10.5 mL applicator used with Dry technique:<br/>30 second scrub + 30 second dry time<br/>OR</li> <li>Chloraprep 10.5 mL applicator used with Wet technique:<br/>2 minute scrub + 1 minute dry time</li> </ul> |                       |           |                     |         |                   |   |          | DRY<br>OR<br>WET |                       |
| Bundle Element = MAXIMUM Sterile Barriers   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   | dified field created  | for s     | terile process      |         |                   |   |          |                  |                       |
| Operator and Assistant in PPE (wear sterile gloves, hat, mask, and sterile grown)                                     |   |                       |           |                     |         |                   |   |          |                  |                       |
| Others (in the room, except patient) Wearing Mask   |   |                       |           |                     |         |                   |   |          |                  |                       |
| VMMC Bundle Element = Ultrasound Guidance   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   | ised for internal juເ |           |                     | ns?     |                   |   |          |                  | Ultrasound            |
| <ul> <li>Device to use: PunctSure, SonoSite, OR TEE</li> <li>ONLY EXCEPTION = Subclavian insertion site</li> </ul>    |   |                       |           |                     |         |                   |   |          |                  | OR                    |
|   |   |                       |           | ie                  |         |                   |   |          |                  | Subclavian site       |
| VMMC Bundle Element =     Confirmation of V   |   |                       |           | TO DILATION OF      |         |                   |   |          | 1                |                       |
|   |   | ire Transducer 3)     |           |                     |         |                   |   |          |                  | One of 4 methods      |
| VMMC Safety Check if pe   |   |                       |           |                     |         |                   |   |          | _                | One of 4 methods      |
|   |   | ally inspected on i   |           | val and confirmed   | to be   | intact            |   |          |                  | N/A OR I Intact       |
| PROCEDURE NOTE:   |   | •                     |           |                     |         |                   |   |          |                  |                       |
|   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   |                       |           |                     |         |                   |   |          |                  |                       |
|   |   |                       |           |                     |         |                   |   |          |                  |                       |
| L   |   |                       |           |                     |         |                   |   |          |                  |                       |

PATIENT NAME & ID #

## VIRGINIA MASON MEDICAL CENTER – Seattle WA

Central Line Insertion Standard Work & Safety (Bundle)

YELLOW: D2-210



DISTRIBUTION: WHITE: Medical Record

VMMC Form 901785 (10-11)