

# BETH ISRAEL MEDICAL CENTER

## VASCULAR ACCESS PROCEDURE NOTE

Date: \_\_\_\_\_

Time Out at \_\_\_\_\_ AM/PM

Verified Correct (all must be verified):  Patient  Procedure  Site/Side  
 Position  Supplies  Equipment

\_\_\_\_\_ RN/MD

\_\_\_\_\_ RN/MD

**Central vein:**  R  L

**Pulmonary artery:**  R  L

**Transvenous pacemaker**  R  L

subclavian  internal jugular  femoral (if femoral, reason for choice)

**Arterial:**  R  L  radial  femoral  other \_\_\_\_\_

Indication(s): \_\_\_\_\_

Consent in chart  Operator(s): \_\_\_\_\_

### Central Line Check list :

1- all equipments at bedside

2- Wash hands

3- Chlor- prep

4- Gown

5- Gloves

6- Cap

7- Drape

8- Time-out

9- Mask

10- procedure with sterile technique

11- Bio-Patch

12- Dressing with date

13- Dispose sharps

14- wash hands

Anesthesia: \_\_\_\_\_

Technique: \_\_\_\_\_

Comments: \_\_\_\_\_

Complications: \_\_\_\_\_

Signature/Title \_\_\_\_\_

Time: \_\_\_\_\_