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 8-☐ Time-out
2-☐ Wash hands 9-☐ Mask
3-☐ Chlor- prep 10-☐ procedure with sterile technique
4-☐ Gown 11-☐ Bio-Patch
5-☐ Gloves 12-☐ Dressing with date
6-☐ Cap 13-☐ Dispose sharps
7-☐ Drape 14-☐ wash hands

Anesthesia: _______________________________________________

Technique: _______________________________________________

Comments: _______________________________________________

Complications: _____________________________________________

__________________________
Signature/Title
Time: ________