

Central Line Insertion Checklist – Template

Patient Name/ID#: _____ Unit: _____ Room/Bed: _____

Date: _____ Start time: _____ End time: _____

Procedure Location: (Operating Room / Radiology / Intensive Care Unit / Other: _____)

Person Inserting Line: _____ Person Completing Form: _____

Catheter Type: (Dialysis / Tunneled / Non-tunneled / Implanted / Non-implanted / Peripherally Inserted Central Catheter)

Impregnated: (Yes/No) _____ Number of Lumens: (1, 2, 3, 4) _____ Catheter Lot Number: _____

Insertion Site: (Jugular / Chest / Subclavian / Femoral / Scalp / Umbilical) _____ Side of Body: (Left / Right) _____

Reason for Insertion: (New indication / Malfunction / Routine Replacement / Emergent) _____ Guide Wire Used: (Yes/No) _____

Critical Steps	Yes	Yes with Reminder	No*	n/a	Comments
BEFORE the procedure:					
Patient is educated about the need for and implications of the central line as well as the processes of insertion and maintenance					
Patient's latex/adhesive allergy assessed (modify supplies)					
Patient's infection risk assessed. If at greater risk, why?					
Patient's anticoagulation therapy status assessed					
Consent form and other relevant documents complete and in chart (Exception: Emergent Procedure)					
Operator and Assistant used appropriate hand hygiene immediately					
Equipment assembled and verified—materials, medications, syringes, dressings, and labels					
Placement confirmation method readied					
Patient identified with 2 sources of identification					
Procedural time-out performed					
Site assessed and marked					
Patient positioned for procedure					
Skin prep performed with alcoholic chlorhexidine greater than 0.5% (unless under 2 months of age) or tincture of iodine or an iodophor or alcohol					
Skin prep allowed to dry prior to puncture					
Patient's body covered by sterile drape from head to toe					
All those performing procedure using sterile gloves, sterile gown, hat/cap, mask, and eye protection/shield					
Others in room wearing mask					
Catheter preflushed and all lumens clamped					
Local anesthetic and /or sedation used					
DURING the procedure: If 'No' for any 'DURING the procedure' critical items, end the procedure.					
Confirmation of venous placement PRIOR TO dilatation of vein by: ultrasound/ tranesophageal echocardiogram / pressure transducer / manometry method / fluoroscopy					
Blood aspirated from each lumen (intravascular placement assessed)					
Type and Dosage (mL/units) of flush					
Catheter caps placed on lumens					
All lumens clamped (should not be done with neutral or positive displacement connectors)					
Catheter secured (sutured /stapled /steri-stripped)					
Tip position confirmation via fluoroscopy OR chest X-ray					
Sterile field maintained					
Lumens were not cut					
Qualified second operator obtained after 3 unsuccessful sticks					
Blood cleaned from site					
Sterile dressing applied (gauze, transparent dressing, gauze and transparent dressing, antimicrobial foam disc)					
AFTER the procedure:					
Dressing dated					
Verify placement by x-ray					
"Approved for use" writing on dressing after confirmation					
If a femoral line placed, elective PIC placement ordered					
Central line (maintenance) order placed					
Patient is educated about maintenance as needed					

* Procedure Deviation: If there is a deviation from process, immediately notify the operator and stop the procedure until corrected.

Procedure Notes/Comments: _____

Catheter Measurements: External length _____ Internal length _____

Distribution Instructions: Please return the completed form to the designated person in your area.

Central Line Insertion Care Team Checklist Instructions

Operator Requirements:

- Specify minimum requirements. For example:
 - A minimum of 5 supervised successful procedures in both the chest and femoral sites is required (10 total). If a physician successfully performs the 5 supervised lines in one site, they are independent for that site only. Please note that in the absence of contraindications, a chest site is preferred over the femoral due to a lower incidence of mechanical and infectious complications.
 - A total of 3 supervised rewires is required prior to performing a rewire independently.
 - Obtain a qualified second operator after 3 unsuccessful sticks (unless emergent).

Roles:

- Operator Role: Person inserting the line
- Assistant Role: RN, ClinTech, Physician, NP, PA (responsible for completing checklist)

Patient Positioned for Procedure:

- For Femoral/ Peripherally Inserted Central Catheter: Place supine.
- For Chest/External Jugular: Use Trendelenburg (HOB < 0 degrees) unless contraindicated.

Sterile Field:

- Patient full body drape
 - Long sterile may need to be added to commercially prepared kits.
- Sterile tray and all equipment for the procedure
- Ultrasound probe

Prep Procedure:

- Scrub back and forth with chlorhexidine with friction for 30 seconds, allow to air dry completely before puncturing site. Do not wipe, fan, or blot. (Groin prep: Scrub 2 minutes and allow to dry for 2 minutes to prevent infection.)
 - Chlorhexidine/alcohol applicator used; Dry Technique: 30-second scrub + 30-second dry time
 - Chlorhexidine/alcohol applicator used; Wet Technique: 2-minute scrub + 1-minute dry time

Guide Wire:

- Do *not* cut the guide wire due to the increased risk of losing the guide wire in the patient.