### Central Line Insertion Checklist – Template

<table>
<thead>
<tr>
<th>Patient Name/ID:</th>
<th>Unit:</th>
<th>Room/Bed:</th>
<th>Date:</th>
<th>Start time:</th>
<th>End time:</th>
</tr>
</thead>
</table>

**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) __________

<table>
<thead>
<tr>
<th>Critical Steps</th>
<th>Yes</th>
<th>Yes with Reminder</th>
<th>No*</th>
<th>n/a</th>
<th>Comments</th>
</tr>
</thead>
</table>

#### 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/ transesophageal 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: ____________________________________________**

<table>
<thead>
<tr>
<th>Catheter Measurements:</th>
<th>External length</th>
<th>Internal length</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**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:
  o 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.
  o A total of 3 supervised rewires is required prior to performing a rewire independently.
  o 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
  o 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.)
  o Chlorhexidine/alcohol applicator used; Dry Technique: 30-second scrub + 30-second dry time
  o 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.