# CENTRAL LINE BUNDLE – INSERTION CHECKLIST

**Date:** ____________________  **Start Time:** ____________  **End Time:** ____________

**Procedure Location:** ____________________

**Procedure Operator:** ____________________

- □ Anesthesiologist
- □ Surgeon
- □ Resident
- □ PA

**Person Filling Out Form:**

- □ Attending
- □ Resident
- □ RN
- □ PA
- □ Anesthesia Technician

**Catheter Type:**

- □ Dialysis
- □ Central Venous
- □ PICC
- □ Port

**Number of Lumens:**

- □ 1
- □ 2
- □ 3
- □ 4
- □ 5

**Catheter lot number:** ____________

**Insertion Site:**

- □ Subclavian
- □ Jugular
- □ Femoral
- **Side:** □ Left  □ Right

**Reason for Insertion:** (NO Routine Replacement!)

- □ Elective
- □ Malfunction
- □ Emergent

## REQUIRED ELEMENTS of the CL Bundle

**Bundle Element = Hand Hygiene**

- Operator and Assistant Cleanse Hands (ASK, if not witnessed)

**Bundle Element = Optimal Catheter Site Selection**

- Subclavian is the preferred site for central lines. Ask if alternate planned.
- Explain why alternate site used:

  - □ Anatomy – distorted, prior surgery/rad. scar
  - □ Anesthesiologist placed
  - □ Chest wall infection
  - □ Coagulopathy
  - □ COPD severe/ lung dx
  - □ Dialysis line placed
  - □ Emergency / CPR
  - □ Operator training

**Bundle Element = Skin Antisepsis**

- Skin Prep Performed
  - Chloraprep 10.5 mL applicator used with Dry technique:
    - 30 second scrub + 30 second dry time
  - Chloraprep 10.5 mL applicator used with Wet technique:
    - 2 minute scrub + 1 minute dry time

**Bundle Element = MAXIMUM Sterile Barriers**

- Total body drape / Modified field created for sterile process
- Operator and Assistant in PPE (wear sterile gloves, hat, mask, and sterile gown)
- Others (in the room, except patient) Wearing Mask

**VMMC Bundle Element = Ultrasound Guidance**

- Ultrasound guidance used for internal jugular & femoral insertions?
  - □ Ultrasound
  - **OR** Subclavian insertion site
- Device to use: PunctSure, SonoSite, OR TEE
  - **ONLY EXCEPTION =** Subclavian insertion site

**VMMC Bundle Element = Venous Confirmation**

- **Confirmation of Venous Placement** PRIOR TO DILATION OF VEIN By:
  - 1) TEE  **OR**  2) Pressure Transducer  3) Manometry Method  **OR**  4) Fluoroscopy

**VMMC Safety Check if peel-away sheath is used:**

- □ Peel-away sheath visually inspected on removal and confirmed to be intact
  - □ N/A  □ Intact

**PROCEDURE NOTE:**


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**PATIENT NAME & ID #**

**VIRGINIA MASON MEDICAL CENTER – Seattle WA**

Central Line Insertion Standard Work & Safety (Bundle) Checklist for OR

**DISTRIBUTION: WHITE: Medical Record  YELLOW: D2/210**

VMMC Form 901785 (10-11)

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