



London Health Sciences Centre

CENTRAL VENOUS OR ARTERIAL LINE INSERTION CHECKLIST and PROCEDURE RECORD

Date of Insertion (YYYY/MM/DD): _____

Time of Insertion: _____

Priority: Emergency Urgent Elective

ADDRESSOGRAPH

NOTE: All sections must be completed by MD / RN(EC) / RN / RRT performing insertion. This note becomes a numbered page in the progress notes. **Each step of the checklist must be followed. Any member of the team can stop this procedure at any time. Document reason for any procedural variance and/or complications in the comments section on this form and notify the primary care team.**

Type of Catheter:

- PICC Dialysis Catheter
 Introducer Pulmonary Artery
 Multi-lumen Catheter Other: _____
 Arterial Line _____

Catheter Model:

Brand: _____
 Model #: _____
 Length: _____ cm Diameter: _____ cm
 Number of Lumens: _____

PROCEDURAL CHECKLIST

Conduct Procedural Pause:

- Consent obtained
 Two patient identifiers used
 Insertion site marked/assessed
 Position patient correctly
 Equipment/supplies assembled and procedure plan reviewed with team

Conduct Hand Hygiene:

- Before patient contact
 Before donning sterile gloves

Prepare Site/Skin:

- Hair removal with clippers before sterile field prepared Not Applicable (N/A)
 Cleansed with chlorhexidine 2% in 70% isopropyl alcohol skin antiseptic
 Scrubbed back and forth x 30 seconds
 Allowed to dry completely (3 minutes for maxiswabs)

Don Maximal Barrier Precautions:

- Cap/bouffant (all participants within 1 meter of field)
 Mask with face shield (all participants within 1 meter of field)
 Sterile gown
 Sterile gloves
 Patient draped to provide large sterile field

Maintain Sterile Field

PROCEDURE

Side: Left Right **Arterial Site:** Radial Brachial Femoral Umbilical Other: _____

Venous Site: Basilic Cephalic External Jugular Internal Jugular Femoral Subclavian
 Umbilical Other: _____

Technique: Percutaneous Cutdown Guide-wire exchange **Number of Attempts:** _____

Local Anesthetic: _____ **Ultrasound Guidance:** Static Dynamic N/A

Mandatory Comments (include indications for insertion, catheter type, site and insertion technique, as well as variance from defined insertion standards and any complications)

 Printed Name of MD/RN(EC)/RN/RRT

 Signature of MD/RN(EC)/RN/RRT

Line Confirmation (must be completed and signed by MD, RN(EC) or RN for all central venous lines):

- Chest x-ray confirmation of tip placement (all PICC, IJ or subclavian lines) Tip placement: _____
 Complications by chest x-ray ruled out (eg. pneumothorax ruled out by chest x-ray)
 Confirmation of venous placement for **all** central lines (including femoral) by: Venous blood gas Venous pressure waveform (in monitored areas)

 Time of Confirmation

 Date of Confirmation (YYYY/MM/DD)

 Printed Name of MD/RN(EC)

 Signature of MD/RN(EC)