## Central Venous Catheter Insertion Checklist

**Facility Code**

### MRN or Patient Label

**Procedure date**

**Time**

**Proceduralist**

- **Specialist**
- **Reg**
- **RMO**
- **RN**

**Assistant**

**Supervisor**

### Line inserted

- **ICU**
- **ED**
- **Op Theatre**
- **Med Imaging**
- **Other**

### Procedure

- **Elective**
- **Emergency**
- **USound**
- **Rewire**
- **Replace**

### Catheter Type

- **Central**
- **Dialysis**
- **PICC**
- **Other**

### Insertion Site

- **S/Clavien**
- **Jugular**
- **Femoral**
- **C/Fossa**
- **Bicipital**

### Position

- **Right**
- **Left**
- **3**
- **4**

### Lumens

- **1**
- **2**
- **3**
- **4**

### Line Coating

- **Antiseptic**
- **Antibiotic**
- **None**

### Local Anaesthetic

### Sedation

### Checklist to be completed by an independent observer. The observer should stop the procedure if a significant breach of aseptic technique is observed

- **Competency assessed**
- **Proceduralist dons hat, mask and protective eyewear**
- **Hands cleansed for 2 minutes using approved solution**
- **Proceduralist dons sterile gloves and gown**
- **Insertion site prepared using alcoholic chlorhexidine and allowed to dry**
- **Sterile sheet/s used to drape entire patient**
- **Sterile technique maintained throughout procedure**
- **Removed guide wire sighted by proceduralist and assistant/observer**
- **Catheter secured and dressed with appropriate dressing**
- **Appropriate position radiologically confirmed**
- **Other method used to check placement eg catheter transduced**

### More than 1 pass required

- **Yes**
- **No**

### Complications

- **Pneumothorax**
- **Haemorrhage**
- **Malposition**
- **Other**

### Comments

**Proceduralist signature**

**Observer signature**

### Line removal in ICU

**Removal reason**

**ICU discharge**

### CLAB detected

- **No**
- **Yes**

**If yes complete date of positive blood culture**

**Isolate**
CHECKLIST DEFINITIONS and INSTRUCTIONS

This checklist should be completed after a successful cannulation. Previous insertion failure by a proceduralist should be noted as a complication.

Procedural support
A proceduralist must seek procedural support from an assistant or supervisor when inserting a central line. Procedural support must wear full personal protective equipment, including sterile gown and gloves, if entering the sterile field.

- **Assistant**
  Clinician who supports or aids a proceduralist

- **Supervisor**
  Senior clinician with experience inserting central venous catheters

Observers
Units are advised to identify staff who will observe and record compliance with the checklist. This could be an infection control practitioner. See below regarding significant breaches of aseptic technique.

Escalation procedure
Multiple passes at an insertion site may increase the risk of complications. Therefore it is recommended that:

Passes by a **junior clinician** should be limited to two at the same site after which no further attempts at cannulation should be made and a change of proceduralist should occur.

The number of passes by a **senior clinician** should be governed by clinical judgement. Where multiple insertion failure has occurred, the senior clinician should consider using an alternate proceduralist, radiological or ultrasound guidance.

- **Pass**
  Skin puncture with the intention of cannulating a central vein

- **Multiple pass**
  More than one cannulation pass at the same insertion site

- **Insertion failure**
  Unsuccessful cannulation after a multiple pass or arterial puncture

Training
Trained or experienced clinicians should insert a CVC. All clinicians new to inserting central lines in NSW must complete a training program that has both knowledge and practical components.

- **Competency Assessed**
  The clinician has successfully completed a training program consistent with the CVC Training and Education Framework.

Breach of aseptic technique
CVC insertion is a complex procedure requiring maintenance of a sterile field to reduce the risk of infection. The procedure should be stopped if a significant breach of aseptic technique is observed and stopping the procedure will not compromise the patient’s condition e.g. emergency insertion.

- **Emergency insertion**
  Insertion during a life threatening circumstance

Anaesthetic and Sedation
Prescription for local anaesthetic and sedation should be documented on the national inpatient medication chart

Removal reasons may be documented as the following:
Catheter no longer needed, Catheter blocked, Routine change, Accidental removal, Infection at site, Systemic sepsis, Intravascular thrombosis, Other