

Central Venous Catheter Insertion Checklist

MRN or Patient Label

Facility Code -

Procedure date / / 20 Time :

Proceduralist
Specialist Reg RMO RN

Assistant

Supervisor

Line inserted	Procedure	Catheter Type	Insertion Site	Position	Lumens	Line Coating
ICU <input type="checkbox"/>	Elective <input type="checkbox"/>	Central <input type="checkbox"/>	S/Clavian <input type="checkbox"/>	Right <input type="checkbox"/>	1 <input type="checkbox"/>	Antibiotic <input type="checkbox"/>
ED <input type="checkbox"/>	Emergency <input type="checkbox"/>	Dialysis <input type="checkbox"/>	Jugular <input type="checkbox"/>	Left <input type="checkbox"/>	2 <input type="checkbox"/>	Antiseptic <input type="checkbox"/>
Op Theatre <input type="checkbox"/>	USound <input type="checkbox"/>	PICC <input type="checkbox"/>	Femoral <input type="checkbox"/>		3 <input type="checkbox"/>	None <input type="checkbox"/>
Med Imaging <input type="checkbox"/>	Rewire <input type="checkbox"/>	Other _____	C/Fossa <input type="checkbox"/>		4 <input type="checkbox"/>	Gauge
Other _____	Replace <input type="checkbox"/>		Bicipital <input type="checkbox"/>		5 <input type="checkbox"/>	_____

Local Anaesthetic Sedation Other _____

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	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proceduralist dons hat, mask and protective eyewear	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hands cleansed for 2 minutes using approved solution	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proceduralist dons sterile gloves and gown	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insertion site prepared using alcoholic chlorhexidine and allowed to dry	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sterile sheet/s used to drape entire patient	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sterile technique maintained throughout procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Removed guide wire sighted by proceduralist and assistant/observer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Catheter secured and dressed with appropriate dressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Appropriate position radiologically confirmed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other method used to check placement eg catheter transduced	Yes <input type="checkbox"/>	No <input type="checkbox"/>

More than 1 pass required Yes No

Complications Pneumothorax Haemorrhage Malposition Other _____

Comments _____

Proceduralist signature _____ Observer signature _____

Line removal in ICU / / 20

Removal reason

ICU discharge / / 20

CLAB detected

No If yes complete date of positive blood culture

Yes / / 20

Isolate

B I N D I N G M A R G I N

C E N T R A L V E N O U S C A T H E T E R I N S E R T I O N C H E C K L I S T



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