Central Line Insertion
Care Team Checklist

If any item on the checklist is **not** adhered to or there are any concerns, contact the ICU attending

<table>
<thead>
<tr>
<th><strong>Purpose:</strong></th>
<th>To work as a team to decrease patient harm from catheter-related blood stream infections</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>When:</strong></td>
<td>During all central venous or <strong>central</strong> arterial line insertions or re-wires</td>
</tr>
<tr>
<td><strong>By whom:</strong></td>
<td><strong>Bedside nurse</strong></td>
</tr>
</tbody>
</table>

If there is an observed violation of infection control practices, line placement should stop immediately and the violation should be corrected. If a correction is required, mark yes to question #6 and explain violation at the bottom of the page and what corrections were made

Patient’s name or Room Number______________________________________________________

1. Today’s date      _____ / _____ / ________
2. Is the procedure: □ Elective □ Emergent
3. Procedure: □ New line □ Rewire
4. Site Rite Used: □ Yes □ No □ Internal Jugular □Subclavian □ Femoral
   If equipment is available, ultrasound guidance should be used for all non-emergent internal jugular line placements. (Optional for subclavian and femoral line placement.)
   □ Yes    □ Yes                         Don’t Know
   After correction

5. **Before the procedure,** did the house staff:
   - Perform a **“time-out”**  □  □
   - Wash hands (chlorhexidine or soap) immediately prior  □  □ (ask if needed)
     - Was hand washing directly observed? □  □
   - Place pt in trendelenburg position (< 0 degrees) □  □ to prevent air embolism
   - Sterilize procedure site (chlorhexidine) □  □
   - Drape entire patient in a sterile fashion □  □
   **During the procedure,** did the house staff:
   - Use hat, mask, sterile gown and gloves □  □
   - Maintain a sterile field □  □
   - Did all personnel assisting follow the above precautions □  □
   - Ensure line aspirates blood to prevent hemothorax □  □
   - Transduce CVP or estimate CVP by fluid column □  □
   **After the procedure:**
   - Was a sterile dressing applied to the site □  □

6. **Was a correction required to ensure compliance with Safety & Infection control practices?** Explain. Yes  No

Please return completed form to the designated location in your area

Version 12/2004