

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

Purpose: To work as a team to decrease patient harm from catheter-related blood stream infections
When: During **all** central venous or **central** arterial line insertions or re-wires
By whom: Bedside nurse

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
After correction | Don't
Know |
|--|--------------------------|--------------------------|--------------------------|
| 5. Before the procedure , did the house staff: | | | |
| Perform a “time-out” | <input type="checkbox"/> | <input type="checkbox"/> | |
| Wash hands (chlorhexidine or soap) immediately prior | <input type="checkbox"/> | <input type="checkbox"/> | (ask if needed) |
| Was hand washing directly observed? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Place pt in trendelenburg position (< 0 degrees) | <input type="checkbox"/> | <input type="checkbox"/> | to prevent air embolism |
| Sterilize procedure site (chlorhexidine) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drape entire patient in a sterile fashion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During the procedure , did the house staff: | | | |
| Use hat, mask, sterile gown and gloves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintain a sterile field | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did all personnel assisting follow the above precautions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ensure line aspirates blood to prevent hemothorax | <input type="checkbox"/> | <input type="checkbox"/> | |
| Transduce CVP or estimate CVP by fluid column | <input type="checkbox"/> | <input type="checkbox"/> | |
| After the procedure: | | | |
| Was a sterile dressing applied to the site | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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

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