

Central Line Procedural Checklist

Indication: To document procedural practices in the CCU related to insertion technique for: CVP lines, dialysis access ports, and central lines (including PICC).

Type of catheter:	<input type="checkbox"/> Central Line <input type="checkbox"/> CVP <input type="checkbox"/> Dialysis Catheter <input type="checkbox"/> PICC Line	Location: _____ Location: _____ Location: _____ Location: _____
Is this a NEW line:	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the procedure:	<input type="checkbox"/> Elective <input type="checkbox"/> Emergent <input type="checkbox"/> Re-wire <input type="checkbox"/> Re-position	<input type="checkbox"/> _____

Procedural Checklist		
Safety Practice	YES	YES <i>(After Reminder)</i>
Before procedure, did the provider:		
➤ PERFORM PROCEDURAL PAUSE		
Perform patient ID X 2	<input type="checkbox"/>	<input type="checkbox"/>
Announce the procedure to be performed	<input type="checkbox"/>	<input type="checkbox"/>
Mark / assess site	<input type="checkbox"/>	<input type="checkbox"/>
Position patient correctly for procedure	<input type="checkbox"/>	<input type="checkbox"/>
Assemble equipment / verify supplies	<input type="checkbox"/>	<input type="checkbox"/>
Utilize relevant documents (chart / forms)	<input type="checkbox"/>	<input type="checkbox"/>
Order follow-up Radiology images (PRN)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Cleanse hands? (ASK, if unsure)	<input type="checkbox"/>	<input type="checkbox"/>
➤ Prep procedure site with ChloroPrep? <i>*30 seconds for dry site</i> <i>**2 minutes for moist site (esp. femoral)</i>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Use large drape to cover patient in sterile fashion?	<input type="checkbox"/>	<input type="checkbox"/>
During procedure, did the provider:		
➤ Wear sterile gloves during catheter insertion?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Wear hat, mask, and sterile gown?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Maintain sterile field?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Use ultrasound/Sonasite if appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
➤ Did assisting physician follow the same precautions? <i>(hand washing, mask, gloves, gown)</i>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Did all staff and patient in the room wear a mask?	<input type="checkbox"/>	<input type="checkbox"/>
After the procedure:		
➤ Was sterile technique maintained when applying dressing?		
➤ Was dressing dated?		

Name of Intensivist: _____

Name of Procedure MD _____

Name of Assisting MD _____

Name of RN (auditor): _____ Today's Date: ____-____-____

Room: CCU Bed # _____

**PLEASE RETURN COMPLETED FORM TO:
"BSI FORMS" LABELED ENVELOPE IN CCU-7 CONFERENCE ROOM**

PATIENT Label

**VIRGINIA MASON MEDICAL CENTER
Central Line Procedural Checklist**

MRD: HOSP7

VMMC FORM # XXXXXX (12-21-04)
FTF (pending)

[Referenced from IHI website](#)