

McLaren Print System Order

Order No: 6337
 Order Date: 2014-10-08
 User: Jamie Vallance
 Phone: 810-342-2336

Ship Location: 401 S. Ballenger
 Atten Jamie Vallance
 Flint, Michigan 48532

Forms

Quantity: 500
 Paragon Dept No: 32010
 Dept Name: Radiology
 Company Number: 60

Order Total Price: 91.75

Item Number: M-701
 Item Description: Central Line Insertion Checklist
 Revision Date:
 Print: 1 sided black and white
 Paper: 3 Part (White, Yellow, Pink)
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: None
 Misc Info:

McLaren Flint
 Flint, Michigan
CENTRAL LINE INSERTION CHECKLIST

* If any item on the checklist is not adhered to or there are any concerns, contact the supervisor.
 * FAC Central Line Patient Education sheet given prior to central line?
 Yes No, explain: _____

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-uses

➔ If there is an observed violation, the placement should stop immediately and the violation should be corrected.
 If a correction is required, mark yes to question #7 and explain violation at the bottom of the page and what conditions were made.

1. Date: ____/____/____

2. Is the procedure: Elective Emergent

3. Procedure: New line Reuse

4. Image guidance used: Yes No

5. Internal Jugular Subclavian Femoral PICC
 Do not insert lines into Femoral Vein unless other sites are unavailable.

6. Prior to procedure (Please Check One)

	YES	NO	N/A
a.) Sign on-door Sterile Procedure in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.) Perform a time out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.) Perform hand hygiene immediately prior Was hand hygiene directly observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.) Place patient in Trendelenburg position (to less than 3 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.) Sterilize procedure site with disinfectant-antiseptic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.) Maximum sterile barrier in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.) Use hat, mask, sterile gown and gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.) Maintain a sterile field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.) Personnel assisting follow the above precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.) Ensure line aspirates blood to prevent hematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.) Transduce CVP or estimate CVP by fluid column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.) DVT prevention started if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.) Standardized kit or cart used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. After the procedure:
 Was a Tegaderm (TM) sterile dressing applied to the central line site? Yes No

8. Was a correction required to ensure compliance with any of the above safety and infection control measures?
 Yes No, explain: _____

9. Signature of person completing form: _____ Date: ____/____/____

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CENTRAL LINE
 INSERTION CHECKLIST
 8/10/2013

2013

01
 02
 03