



FLINT

CENTRAL LINE INSERTION CHECKLIST

**** THIS FORM IS NOT TO BE USED FOR INSERTION OF ARTERIAL LINES****

PRIOR TO INSERTION: LINE SELECTION AND INDICATIONS

Select appropriate indication and reason the line is to be inserted.

(See line site selection guide on the back)

Emergent Need: use < 7 days

Line Choices:

CVC/CORDIS

- Internal Jugular Dialysis Catheter
- Subclavian Femoral

Reason:

- Vasopressor Support
- Stat Hemodialysis High volume of blood/fluids required.
- 3% Hypertonic Saline (start peripheral 12 hr. max 50cc/hr then insert CVC)

Non-Emergent Need: must be in > 7 days

Line Choices:

Dialysis / Chemo

- Permacath
- Hickman
- Broviac
- Groshong

PICC

- PICC
- Port**
- Implanted Port
- Passport

Reason:

- Chemo use Long term infusions Other _____
- Hemodialysis Chronic hospitalizations

DO NOT INSERT CATHETERS INTO THE FEMORAL VEIN UNLESS NO OTHER SITES ARE AVAILABLE

Prior to insertion all participants did the following:		If No, why not?
* Performed a time-out?	<input type="checkbox"/> YES	
* Performed hand hygiene immediately prior to insertion?	<input type="checkbox"/> YES	
* All personnel assisting followed aseptic technique and wore PPE (hat, mask, sterile gown and sterile gloves), all others in room wore mask and hats?	<input type="checkbox"/> YES	
* Used a supply cart or kit with all necessary components?	<input type="checkbox"/> YES	
* Used a maximum sterile barrier?	<input type="checkbox"/> YES	
* Used CHG skin antiseptic for skin preparation of the patient?	<input type="checkbox"/> YES <input type="checkbox"/> NA	
* For a dry site did a 30 second scrub, plus a 30 second dry time?		
* For a moist site (eg. groin) did a 2 minute scrub, plus a 1 minute dry time?		
Post procedure:	<input type="checkbox"/> YES	
* Sterile occlusive dressing applied to cover the site? Date, time and initial on dressing.	<input type="checkbox"/> YES	

Signature of practitioner inserting line: _____ Date: _____ Time: _____

Signature of witness _____ Date: _____ Time: _____

Upon completion, Place in patient record under Procedure tab.



PT.

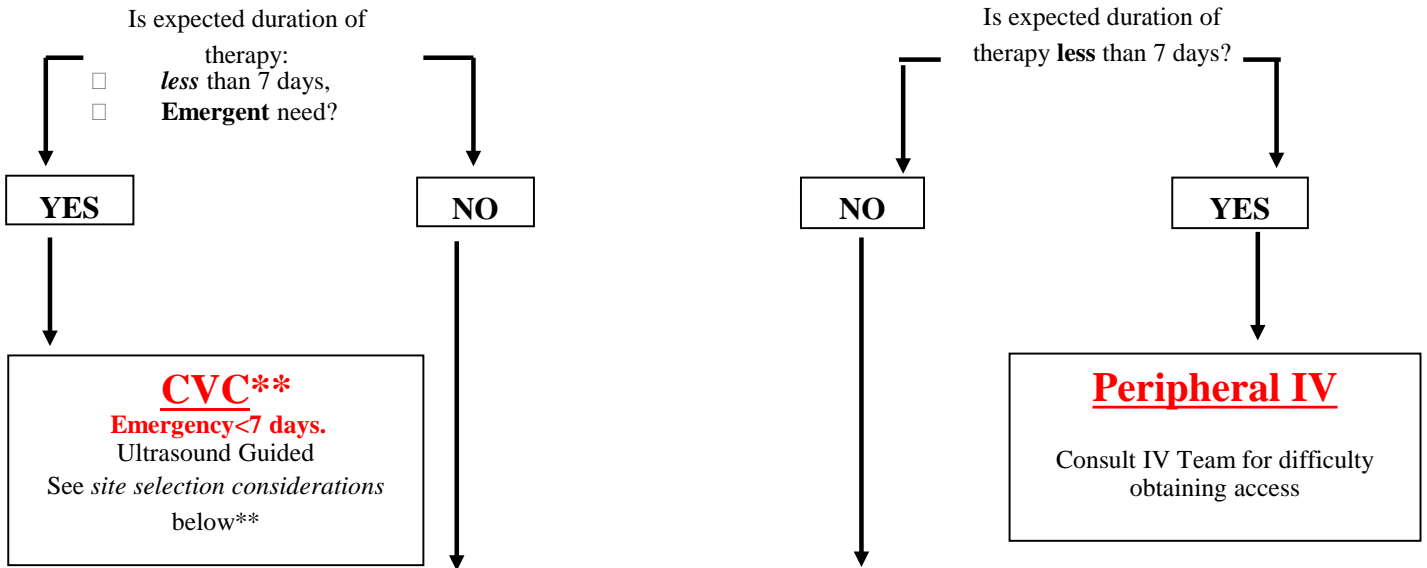
MR.#/P.M.

DR.

IV ACCESS LINE & SITE SELECTION GUIDE

Does my patient meet any of the following criteria?

<input type="checkbox"/> Receiving medications requiring central delivery (see *below) <input type="checkbox"/> Requires invasive hemodynamic monitoring (ex: CVP) <input type="checkbox"/> Critically ill and requires concentrated drips
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CVC**
Emergency <7 days.
 Ultrasound Guided
 See *site selection considerations*
 below**

PICC
Non Emergent >7 days
 CHRONIC (Documented Kidney Disease) GFR < 45 ACUTE
 (No previous history) GFR < 30
 Obtain Nephrology Consult
 Consult IV Team for insert

Peripheral IV
 Consult IV Team for difficulty
 obtaining access

Midline
 CHRONIC (Documented Kidney Disease) GFR < 45
 ACUTE (No previous history) GFR < 30
 Obtain Nephrology Consult
 Consult IV Team for insert
 Verify all medications meet criteria
 for peripheral delivery*

****Site Selection Considerations** (in order of preference):

- 1.** **Subclavian** (for non-tunneled lines) to minimize risk of infection
**Avoid Subclavian vein for hemodialysis patients with advanced kidney disease to avoid stenosis*
- 2.** **Internal Jugular** to avoid risk of mechanical complications (pneumothorax, *subclavian vein stenosis)
- 3.** **Femoral** always avoid when possible

- *Medications that require a Central Line**
- Amiodarone drips (may be started peripheral convert to Central Line within 6 hours)
 - Calcium Chloride
 - Concentrated infusions
 - Potassium chloride 20mEq/100mL,
 - Potassium Acetate 20mEq/100mL,
 - Potassium Phosphate 15mmol/100mL,
 - Sodium Phosphate 15mmol/100mL
 - Continuous infusions of chemotherapeutic agents
 - Continuous infusion of dextrose solutions >10%
 - Hypertonic 3% sodium chloride (convert to Central line within 12 hrs.)
 - Total parenteral nutrition (TPN must be <900mOsm/L)
 - Vasoactive drips - (convert to central line within 6 hrs.)
 - EPINEPHrine
 - DOPamine {vasoactive doses · >10mcg/kg/min}
 - norepinephrine