

CENTRAL LINE INSERTION CHECKLIST

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

Who received the Patient Education FAQ for Central Line *Catheter-Associated Bloodstream Infections* given prior to the insertion procedure?

Patient Family

Date: ____/____/____

Type of line:

PICC

PICC

CVC/Cordis

Internal Jugular

Subclavian

Femoral

Dialysis

Quinton (temporary)

Permacath

Tunneled

Hickman

Broviac

Groshong

Port

Mediport

Passport

DO NOT INSERT CATHETERS INTO THE FEMORAL VEIN UNLESS OTHER SITES ARE UNAVAILABLE

Prior to insertion all participants did the following:

- | | YES | NO |
|--|--------------------------|--------------------------|
| ➤ Performed a time-out | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Performed hand hygiene immediately prior to insertion | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ All personnel assisting followed asepsis and wore PPE (hat, mask, sterile gown and sterile gloves), all others in room wore masks | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Used a supply cart or kit that contained all the necessary components | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Used a maximum sterile barrier | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Used CHG skin antiseptic for skin preparation of the patient | | |
| • For a dry site did a 30 second scrub, plus a 30 second dry time | <input type="checkbox"/> | <input type="checkbox"/> |
| • For a moist site (eg. groin) did a 2 minute scrub, plus a 1 minute dry time | <input type="checkbox"/> | <input type="checkbox"/> |

After the procedure:

- | | | |
|--|--------------------------|--------------------------|
| ➤ Sterile occlusive dressing were used to cover the site | <input type="checkbox"/> | <input type="checkbox"/> |
| • Date, time, and initial dressing | | |

If any of the above were marked No, please explain: _____

Name of practitioner inserting line: _____

Signature of person completing form: _____

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Please fax completed form to Infection Control Department 342-3148, leave original on chart until discharge at discharge provide form to nurse manager of unit

Patient label