

Central Line Checklist

Indication to complete form: To review procedural practices related to insertion, maintenance and removal of central lines including CVP lines, PAC, dialysis access ports, and PICC. *If there is an observed breach of infection control practices, **STOP the line placement immediately and correct the issue.**

Patient Label	Date: _____
	Supervising MD: _____ <input type="checkbox"/> Present <input type="checkbox"/> Not present
	Procedure Clinician: _____ <input type="checkbox"/> Privileged <input type="checkbox"/> Not Privileged
	Procedure RN: _____ <input type="checkbox"/> Present <input type="checkbox"/> Not present
	Inserted in: <input type="checkbox"/> ED <input type="checkbox"/> Unit _____ <input type="checkbox"/> OR <input type="checkbox"/> IR <input type="checkbox"/> MICU <input type="checkbox"/> SICU <input type="checkbox"/> M/SICU <input type="checkbox"/> NSICU <input type="checkbox"/> CCU Bed # _____

Type of catheter: <input type="checkbox"/> Central Line <input type="checkbox"/> Pulmonary artery <input type="checkbox"/> Dialysis Catheter <input type="checkbox"/> PICC line <input type="checkbox"/> Other: _____	
Does the patient currently have a CVAD in place? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was the procedure... <input type="checkbox"/> Elective <input type="checkbox"/> Emergent <input type="checkbox"/> Re-wire	
Insertion site: <input type="checkbox"/> Femoral <input type="checkbox"/> R <input type="checkbox"/> L Reason: _____ <input type="checkbox"/> Jugular <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Subclavian <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Cephalic <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Basilic <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Brachial <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Other: _____	
Consent Documented? # of catheters used to complete the insertion _____ # of attempts to insert this line _____ <input type="checkbox"/> Yes Indications to place the line: _____	

SAFE PRACTICES	YES	NO
Before Procedure , assuming a non-emergent situation, did the team...		
1. Perform a timeout & complete the time out form: Right patient, Right site, Right procedure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Wash hands for 20 seconds as required?	<input type="checkbox"/>	<input type="checkbox"/>
During the procedure:		
1. Did procedure physician follow maximum sterile precautions?	<input type="checkbox"/>	<input type="checkbox"/>
Did assisting physician follow maximum sterile precautions?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Hand washing, sterile gloves, gown, hat, large drape & mask during catheter insertion		
2. Was the sterile field maintained?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the site prepped with Chloraprep / Chlorhexidine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was ultrasound used?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did all observing staff in the room wear a mask & cap?	<input type="checkbox"/>	<input type="checkbox"/>
After the procedure:		
1. Was sterile technique maintained when applying dressing?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was dressing labeled with date and time?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were there any immediate complications? List:	<input type="checkbox"/>	<input type="checkbox"/>
4. Was hand-washing done post-procedure? 20 seconds is required	<input type="checkbox"/>	<input type="checkbox"/>
5. Was catheter or guidewire completely removed, inspected & counted?	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the Biopatch applied properly?	<input type="checkbox"/>	<input type="checkbox"/>
7. Was the x-ray reviewed?	<input type="checkbox"/>	<input type="checkbox"/>
8. Was the line insertion documented?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Signature of Procedure clinician / print or stamp name & date

Signature of Procedure RN (if present) / print name & date

SAFE PRACTICES	YES	NO
Removal:		
1. Was the need for a catheter documented daily? (Required)	<input type="checkbox"/>	<input type="checkbox"/>
2. How many days was the line in place?		
3. Was the line properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>
4. Was the dressing dry and intact?	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the site clean?	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the central line used for TPN?	<input type="checkbox"/>	<input type="checkbox"/>
7. Were all components of line removed and catheter inspected?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		

The Central Line Checklist is completed by the procedure clinician or nurse. The form is collected and monitored as per facility protocol.

Signature of Procedure clinician / print or stamp name & date

Signature of Procedure RN (if present) / print name & date

Central Line Maintenance Checklist

Unit: _____ Bed #: _____ Patient's Name: _____ MR#: _____

Catheter Insertion Date: _____

Last Dressing Change Date: _____

Catheter Type: Central Venous Catheter Pulmonary Artery Catheter Dialysis Catheter PICC Line
 Arterial Catheter (Femoral site ONLY) Other: _____

Insertion Site: Right Jugular Left Jugular Right Cephalic Left Cephalic
 Right Subclavian Left Subclavian Right Basilic Left Basilic
 Right Femoral Left Femoral Right Brachial Left Brachial

Please circle either **Y** for "Yes" or **N** for "No"

Indicator	Date			Date			Date			Date			Date			Date			Date		
	Day #			Day #			Day #			Day #			Day #			Day #			Day #		
	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3	T1	T2	T3
Dressing Type (see below)																					
Dressing clean, dry and intact	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Tenderness at the site	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Unused lumens capped, locked and covered	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Dressing changed	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Tubing changed	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
RN initials																					

Dressing Type: **S** = Semi-permeable **G** = Gauze

Signature Record on reverse side

Key Points:

- Assess the dressing every shift and change if damp, loosened or soiled.
- Change the transparent dressing every 7 days or if dressing becomes damp, loosened or soiled.
- Change gauze dressing every 2 days or if dressing becomes damp, loosened or soiled.
- Catheter is to be replaced within 24 hours when inserted under emergency, unsterile conditions.
- Catheter is to be replaced immediately if signs or symptoms of infection, infiltration, or catheter damage are present.
- The femoral vein is the least preferred insertion site and should be reserved for emergency situations or when no other site can be used.
- Chlorhexidine and Biopatch **MAY NOT** be used for infants less than 2 months of age. Use Povidone-iodine based solutions for these patients.
- Central line tubing is to be changed every 72 hours or when it is contaminated. Tubing must be dated, timed and initialed after it has been changed.
- Central line tubing is to be changed every 24 hours when used for/with TPN, Propofol or intralipids.

Dressing Change Checklist

1. Identify the patient for dressing change.
2. Collect appropriate equipment (Central Line Maintenance Kit).
3. Wash your hands.
4. Explain the procedure to the patient and position the patient supine or semi-Fowler’s position with head turned away from the dressing site. If patient is intubated, suction the patient prior to positioning.
5. Don protective wear, surgical mask, clean gloves, sterile gowns, and cap.
6. Carefully loosen and remove the old dressing down to the insertion site. Pull the dressing towards the exit site of a long term catheter or towards the insertion site of a short term catheter (this helps prevent pulling out the line).
7. Inspect the area around the site for any signs of infection (redness, swelling, drainage, tenderness, warmth, or odor).
8. Notify MD for any signs or symptoms of infection.
9. Deglove, wash your hands adhere to strict hand hygiene using soap.
10. Open kit, create a sterile field and don sterile glove.
11. Secure catheter from movement. Cleanse the catheter insertion site using appropriate antiseptic technique; 2% Chlorhexidine-based preparation is preferred. DO NOT back swab the insertion site. Do not fan or blow on the site. Discard the applicator after a single use.
12. Always allow the antiseptic to remain on the insertion site and to dry.
13. Apply Biopatch (blue in the sky) and transparent dressing. Apply tape around the edges of the dressing.
14. Label dressing with date, time and initials.
15. Discard used items, wash hands and document in the patient’s medical record the following: date and time of dressing changed, observation of site, any signs of complications and patient’s response and tolerance of the procedure.

Signature Record

Initials	Signature	Initials	Signature