

INVASIVE PROCEDURE SAFETY CHECKLIST: Central Line Insertion

BEFORE THE PROCEDURE								
Hands washed by operator and assistant?	Yes	No						
2% Chlorhexidine Gluconate / 70% isopropyl alcohol formulation (Chloraprep 2% with tint) applied to procedure site and allowed to dry?	Yes	No						
Is all equipment available including ultrasound scanner?	Yes	No						
Use a large drape to cover the patient in a sterile manner	Yes	No						
Any known drug allergies?	Yes	No						

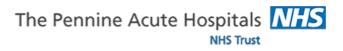
TIME OUT Verbal confirmation between team members before start of procedure							
Is patient position optimal?	Yes	No					
All team members identified and roles assigned?	Yes	No					
Correct line ready (type and size)	Yes	No					
Any concerns about procedure?	Yes	No					
If you had any concerns about the procedu these mitigated?	re, how w	ere					

SIGN OUT									
Injection site caps placed using sterile technique	Yes	No							
Sterile dressing applied	Yes	No							
Guidewire removed?	Yes	No							
Chest X-Ray required/ordered?	Yes	No							
Any adverse events? (Documented in adverse events Log)	Yes	No							

Signature of	
responsible clinician	
completing the form	

Procedure date:		
Time:		
Operator:		
Observer:		
Assistant:		
Level of supervision:	SpR	Consultant
Equipment & trolley		
prepared:		

Patient Name:
Hospital Number:
Date of Birth:



Record of procedure												
Sterile gloves and sterile gown worn by operator and assistant									Yes			
Hat and mask worn by operator and assistant								Yes				
Sterile field maintained									Yes			
erile gel ા	used w	vith ultr	asound pr	obe (if app	licable)			Yes			
		Cather	type			Insertion site						
		CVC				Jugular						
		Vascat	h			Subclavian						
		PICC/ N	Midline			Femoral						
		Cathet	er length:			Right		Left				
No						Guidewire		Yes	[
				cm		Removed						
						Sutured?		Yes	I			
Yes									1	_		
							-	No	Į.			
	• .		-	catio	T							
	Arter	rial puncture										
					ole to cannulate 🔲 Othe			her				
d: Name:		Grade:		G	GMC number:		Date and time:					
Patient Name: Hospital Number: Date of Birth:												
	No Yes findings:	No Yes Unab	erile gown worn by open by open and assistated erile gel used with ultrest CVC Vascat PICC/ II Cathet No Arterial puncture Unable to ca findings:	erile gown worn by operator and by operator and assistant led erile gel used with ultrasound processing the complete control of the control o	erile gown worn by operator and assist by operator and assistant led erile gel used with ultrasound probe (Cather type	erile gown worn by operator and assistant by operator and assistant led erile gel used with ultrasound probe (if app Cather type	erile gown worn by operator and assistant by operator and assistant led erile gel used with ultrasound probe (if applicable) Cather type	erile gown worn by operator and assistant by operator and assistant led erile gel used with ultrasound probe (if applicable) Cather type	erile gown worn by operator and assistant by operator and assistant led erile gel used with ultrasound probe (if applicable) Cather type	erile gown worn by operator and assistant yes yes yes Cather type	erile gown worn by operator and assistant by operator and assistant ced cycs Cather type Core Vascath PICC/ Midline Catheter length: Complications Arterial puncture Dunable to cannulate Unable to cannulate Grade: Patient Name: Hospital Number: Patient Name: Hospital Number:	