

Name: _____
 Evaluator: _____
 Date: _____
 Recommendation: Pass Fail (circle One)

Discussion Items:

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Observation Checklist Central Venous Catheter Insertion

Points	Action
<u>1</u>	Informed consent explained/obtained (all: indication, benefits, risks, alternatives)
<u>1</u>	Identifies person to monitor/complete insertion bundle
<u>1</u>	Place the patient flat or in slight Trendelenburg position
<u>1</u>	Friction rub with chlorhexidine (30sec) and then allow to dry (3min if cautery)
<u>3*</u>	Wash/gel hands, get in sterile gown, gloves, hat and mask without breach; explain sterile zone: nipple to navel, mid-axillary line
<u>2*</u>	Apply full body draped in sterile fashion
<u>3*</u>	Time out: verify Patient, identify procedure side, identify chosen vessel, explain choice if not subclavian
<u>1</u>	Flush the ports on the catheter with sterile saline or heparin
<u>1</u>	Clamp/cap non-wire port (ok to keep wire port open)
<u>1</u>	If IJ is used, ultrasound probe is properly set up: sterile sheath and sonographic gel
<u>1</u>	Anesthetize skin and deeper structures if patient awake and percutaneous approach chosen
<u>1</u>	Using the large needle, cannulate the vein (use aspiration to confirm venous position) and advance wire
<u>1</u>	Nick the skin with the scalpel to advance the dilator +/- sheath
<u>1</u>	Advance the dilator over the guidewire and dilate the vein
<u>2</u>	Never letting go of the guidewire, remove dilator, advance catheter
<u>1</u>	Once the catheter is inserted, remove the guidewire, +/- sheath
<u>2</u>	Ensure there is blood return/flush each port and re-flushed (heparin or NS)
<u>2</u>	Secure the catheter in place (suture or stat lock)
<u>1</u>	Place dressing over catheter with chlorhexidine product (dressing or biopatch)
<u>1</u>	Maintain sterile technique
<u>1</u>	Manage sharps properly (including disposal)
<u>2</u>	Obtain chest x-ray or preserve fluoroscopic image; CXR preferred for subclavian placement
<u>1</u>	Accurate interpretation of chest x-ray (patient's and one provided)
<u>1</u>	Notify nurse that the catheter is ok to use and enter order
<u>2</u>	Discuss ideal tip position: Upper extremity-distal SVC, Lower extremity not-specified
<u>2</u>	Verbalize location and necessity of documentation in EPIC
<u>1</u>	Explain suspected arterial insertion: no ectopy, red blood, pulsatile blood, unusual lie on CXR (mention 2)
<u>1</u>	Explain how to confirm arterial insertion: U/S, ABG, transduce, attach tubing (mention 2)
Score	

Disposition According to Worst Score: Pass: ≥ 32 and successful completion of all steps with an asterisk (*)

Discussion: 25-31

Fail: ≤ 24