



**UNIVERSITY MEDICAL CENTER
LUBBOCK, TEXAS
Central Line Insertion Checklist**

PLEASE ATTACH PATIENT LABEL OR PROVIDE:	
NAME _____	_____
MRN _____	FIN _____

Insertion Site: Subclavian Jugular Femoral PICC Other: _____
 Is this a NEW line? YES NO
 This procedure is: Elective Emergent Re- Position Other: _____
 Central Line Necessity: Hemodialysis TPN Other: _____

Yes Reminded Not observed NO

Before Procedure, did the clinician:

Perform Procedural Pause:

Fill out Universal Protocol Form?
 Cleanse hands?
 Assemble equipment / verify supplies?

Prep Procedure Site:

Use chlorhexidine?
 Other site preparation: _____
 Use large drape to cover patient in sterile fashion?

During Procedure, did the clinician:

Wear sterile gloves, cap, mask, and gown?
 Maintain sterile field?
 Use ultrasound guidance, if appropriate?
 Did procedure assistant follow same sterile precautions?
 Did all staff in the room and patient wear a mask?

After Procedure:

Was sterile technique maintained applying dressing?
 Was CHG dressing applied?
 Was CHG dressing dated & timed?
 Order follow-up radiology images? (Chest x-ray)

Verification (choose 1 unless physician opts for more): FOR EMERGENT CATHETER PLACEMENT:

	<u>Yes</u>	<u>Reminded</u>	<u>N/A</u>	<u>NO</u>
Blood gas from catheter and compare it to arterial blood gas obtained separately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transduce catheter to measure pressure and look at Waveform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connect catheter to a vertical sterile tubing and look at the height of blood column. (Mandatory for subclavian placement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedside ultrasound and Doppler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other modality. Describe _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Procedure Clinician: _____
 Name of Primary Nurse: _____
 Signature of Observer (if other than primary nurse): _____
 Today's Date: _____ Unit: _____

DO NOT PLACE IN PATIENT CHART