

CONFIDENTIAL

S & W Central Line Insertion Checklist

Quality Improvement Tool – Do Not Place in Medical Record

Send Completed Form to Infection Prevention (phone 24-4009)

MS-26-454 or (fax 24-9509)

Patient Sticker

Date: ____/____/____

Procedure Start Time: _____

Unit: _____

Procedure End Time: _____

Inserting Physician/Nurse Service: _____

Reason for Insertion: Emergency Elective

Catheter Type: Dialysis Central Venous Pulmonary Artery PICC Other: _____

If femoral placed state reason: _____

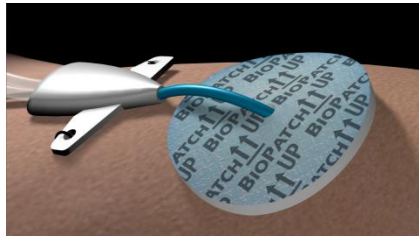
Insertion Site: Jugular Subclavian Femoral Basilic Cephalic Brachial

Procedure Operator: _____ Staff Observer: _____

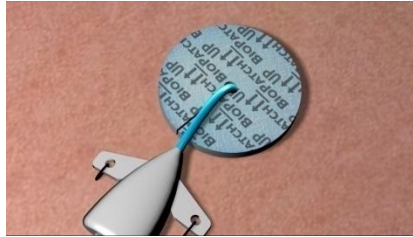
Responsible Senior Staff: _____ N/A

	YES Or True	No	N/A
➤ CLABSI Prevention education given to patient or family	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Consent form completed & in chart PICC in IR or emergency central line check N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Resident or Fellow senior operator certified as independent operator at S & W (if responsible senior staff not physically present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Perform Quality Time-out - Perform patient ID x 2 - Announce the procedure to be performed - Position patient correctly for procedure - Assemble equipment/verify supplies (including ultrasound for internal jugular)	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Confirm that all persons in room cleanse hands? (ASK, if unsure) (remove watches and rings)	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Central line cart utilized?	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Prep Procedure site Chloraprep 10.5 ml applicator used or Chloraprep 3 ml x 2 for PICCs 30 second scrub (Femoral 2 minute prep)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Used large drape to cover patient head to toe?	<input type="checkbox"/>	<input type="checkbox"/>	
D U R I N G ➤ Wear sterile gloves, hat, mask with eye shield, and sterile gown? (<u>All</u> must be worn)	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Was a sterile field maintained?	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Was ultrasound guidance used for jugular? (Check N/A if not IJ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Confirm venous placement by evaluating the column of blood using a short length of intravenous tubing before dilating IJ or confirmed by ultrasound after wire was inserted? (Check N/A if not IJ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Approved injection caps placed on lumens?	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Catheter sutured (or attachment device utilized) at least 1”(2.5cm) from insertion site? (To leave room for Biopatch placement)	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Biopatch placed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Position confirmation Chest X ray ordered (IJ, Subclavian, PICC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Rule of Threes followed (see reverse)	<input type="checkbox"/>	<input type="checkbox"/>	

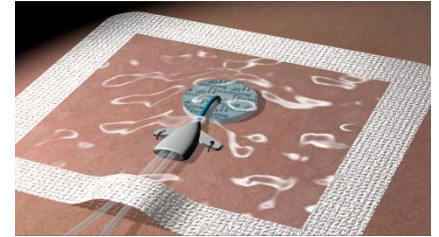
CORRECT BIOPATCH PLACEMENT



**1. Place around catheter
BLUE side up.**



2. Align catheter with radial slit at 5 or 7 o'clock. Ensure edges of slit touch. (catheter = 6 o'clock)



3. Secure catheter and BIOPATCH® with Tegaderm. Ensure complete contact between BIOPATCH® and skin.

Feedback on Pilot Form

1. How easy was this form to use?
2. Are there any important elements that should be added (please specify)?
3. Are there elements of the form that you think should be excluded (please specify)?
4. Other suggestion for improvement
5. Other comments:

Name: _____

Rule of Threes (Elective Central Lines)

1. Each operator should make no more than three passes with the needle while attempting to puncture the vein
2. 1 pass = Advancing the needle 1 time
3. If the initial operator is unsuccessful after 3 passes then:
 - a. A more experienced physician should become the operator
 - b. Ultrasound should be utilized for internal jugular cannulation attempts
 - c. Further attempts at the initial site may need to be abandoned and an alternative site may need to be chosen. A chest X ray should be obtained if the initial site was subclavian or internal jugular, particularly if the second site is the contralateral subclavian or internal jugular vein.
 - d. The responsible senior staff should be contacted if there is difficulty or a violation of the Rule of Threes during an elective central line insertion.