

Central Line Insertion Care Team Checklist

➤ If any item on the checklist is **not** adhered to or there are any concerns, contact the ICU attending

Purpose:	To work as a team to decrease patient harm from catheter-associated blood stream infections
When:	During all central line insertions or re-wires
By whom:	Bedside nurse

If there is an observed violation of infection control practices, line placement should stop immediately and the violation should be corrected. If a correction is required, mark yes to question #6 and explain violation at the bottom of the page and what corrections were made

Patient's name or Room Number _____

1. Today's date _____ / _____ / _____
2. Is the procedure: Elective Emergent
3. Procedure: New line Rewire
4. Correct Site Used: Yes No Insertion Site: Internal Jugular Subclavian Femoral
If equipment is available, ultrasound guidance should be used for all non-emergent internal jugular line placements. (Optional for subclavian and femoral line placement.)

Yes	Yes After correction	Don't Know
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5. **Before the procedure**, did the house staff:

Perform a "time-out"	<input type="checkbox"/>	<input type="checkbox"/>	
Wash hands (antimicrobial soap or handrub) immediately prior	<input type="checkbox"/>	<input type="checkbox"/>	(ask if needed)
Was hand hygiene directly observed?	<input type="checkbox"/>	<input type="checkbox"/>	
Place pt in trendelenburg position (< 0 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	to prevent air embolism
Clean/prep insertion site with 2% chlorhexidine gluconate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drape entire patient in a sterile fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- During the procedure**, did the house staff:

Use hat, mask, sterile gown and gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a sterile field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all personnel assisting follow the above precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure line aspirates blood to prevent hemothorax	<input type="checkbox"/>	<input type="checkbox"/>	
Transduce CVP or estimate CVP by fluid column	<input type="checkbox"/>	<input type="checkbox"/>	
- After the procedure:**

Was a sterile dressing applied to the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. **Was a correction required to ensure compliance with Safety & Infection control practices? Explain.**

	Yes	No
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Please return completed form to the designated location in your area
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