


















Central Line Insertion Care Team Checklist

Pt Name _____ Hx # _____ Unit _____ Date/Time _____

A minimum of 5 supervised successful procedures in **both** the chest and femoral sites is required (10 total). If a physician successfully performs the 5 supervised lines in one site, they are independent for that site only. **Please note that in the absence of contraindications a chest site is preferred over the femoral due to a lower incidence of mechanical and infectious complications.** A total of 3 supervised re-wires is required prior to performing a rewire independently. **Supervisor Role:** 2nd year resident and above (approved for line placement). **Assistant Role:** RN, ClinTech, MD, NP, PA (responsible for completing checklist), operator (person inserting line).

If there is a deviation in any of the critical steps, **immediately notify the operator and stop the procedure until corrected.** If a correction is required, make a check mark in the “Yes with reminder” column and note what correction was made in the comment space, if applicable. Uncorrected deviations and complications of line placement are to be reported in PSN. Contact the Attending/ICU Medical Director if any item on the checklist is not adhered to or with any concerns. PLEASE RETURN COMPLETED FORM TO THE DESIGNATED PERSON IN YOUR AREA.

TYPE OF LINE PLACED _____ LOCATION OF LINE _____ # OF LUMENS _____

Critical Steps	Yes ✓	Yes with reminder	Procedure Deviation: Complete PSN report	Comments:
Before the procedure, did the operator:				
Obtain consent for procedure (signed and witnessed)				
Obtain supervision if needed (see roles above)				N/A <input type="checkbox"/>
Perform a time-out and document on informed consent				
Confirm hand washing/sanitizing immediately prior				
Operator(s): wear cap, mask, sterile gown/gloves, eye protection				
Supervisor: wear cap, mask, sterile gown/gloves, eye protection				N/A <input type="checkbox"/>
Assistant: wear cap, mask, isolation gown and gloves, eye protection (if at risk for entering sterile field, use sterile gown and gloves)				
Properly position patient to prevent air embolism For Chest/EJ: Trendelenburg (HOB < 0 degrees) For Femoral or for patients where trendelenburg is contraindicated: supine				
Prep procedure site (chlorhexidine) for 30 seconds, allow to air dry an additional 30 seconds. (groin prep: scrub for 2 minutes and allow to dry for 1 minute)				
Allow site to dry				
Use sterile technique to drape from head to toe				
Utilize local anesthetic and/or sedation				N/A <input type="checkbox"/>
During the procedure, did the operator:				
Maintain a sterile field				
Monitor that lumens were not cut				N/A <input type="checkbox"/>
Clamp any ports not used during insertion (to avoid air embolism, clamp all but distal port)				N/A <input type="checkbox"/>
Obtain qualified second operator after 3 unsuccessful sticks (except if emergent)				N/A <input type="checkbox"/>
Aspirate blood from each lumen (to avoid air embolism and ensure intravascular placement)				
Transduce CVP or estimate CVP by fluid column (to rule out arterial placement).				N/A for fluoroscopy procedures <input type="checkbox"/>
After the procedure, did the operator:				
Clean blood from site using antiseptic agent (chlorhexidine), apply sterile dressing and apply sterile caps on all hubs.				
Verify placement by x-ray (tip in SVC/RA junction) (N/A if placed under fluoroscopy or in the femoral vein)				N/A for fluoroscopy procedures <input type="checkbox"/>

Operator _____ Supervisor _____ Assistant _____