

JHH -Nursing Checklist for Central Venous Catheter Insertion.

Purpose: To evaluate current infection control practices in the ICUs and identify opportunities for improvement.
When: During all central line insertions or re-wires.
By whom: Bedside nurse.

- 1 **Today's date:** _____ / _____ / _____
- 2 **ICU location:** _____
- 3 **Procedure:** _____ New central line _____ Rewire
- 4 **Site of CVC insertion:** _____ Femoral _____ Jugular _____ Subclavian
- 5 **Type of CVC:** _____ TLC _____ SwanGanz _____ Cordis _____ Dialysis
- 6 **Is the procedure:** _____ Elective _____ Emergent
- 7 **Who of the following were present during the insertion of the CVC:**
- | | | | |
|---------------------|-----------|----------|------------------------|
| Nurse Practitioner | _____ Yes | _____ No | _____ Primary Inserter |
| Physician Assistant | _____ Yes | _____ No | _____ Primary Inserter |
| Medical Student | _____ Yes | _____ No | _____ Primary Inserter |
| Intern | _____ Yes | _____ No | _____ Primary Inserter |
| Resident | _____ Yes | _____ No | _____ Primary Inserter |
| Fellow | _____ Yes | _____ No | _____ Primary Inserter |
| Attending | _____ Yes | _____ No | _____ Primary Inserter |
- 8 **Before the procedure, did the inserter:**
- | | | | |
|---|-----------|----------|------------------|
| Wash their hands | _____ Yes | _____ No | _____ Don't Know |
| Prep procedure site with appropriate disinfectant | _____ Yes | _____ No | _____ Don't Know |
| Drape patient with large sterile drape | _____ Yes | _____ No | _____ Don't Know |
- 9 **During the procedure, did the inserter:**
- | | | | |
|--------------------------|-----------|----------|------------------|
| Use - sterile gloves | _____ Yes | _____ No | _____ Don't Know |
| - sterile gown | _____ Yes | _____ No | _____ Don't Know |
| - hat | _____ Yes | _____ No | _____ Don't Know |
| - mask | _____ Yes | _____ No | _____ Don't Know |
| Maintain a sterile field | _____ Yes | _____ No | _____ Don't Know |
- 10 **Did all the personnel assisting with the procedure use:**
- | | | | |
|--------------------------|-----------|----------|------------------|
| Use - sterile gloves | _____ Yes | _____ No | _____ Don't Know |
| - hat | _____ Yes | _____ No | _____ Don't Know |
| - mask | _____ Yes | _____ No | _____ Don't Know |
| Maintain a sterile field | _____ Yes | _____ No | _____ Don't Know |
- 11 **After the procedure:**
- | | | | |
|--|-----------|----------|------------------|
| Was a sterile dressing applied to the site | _____ Yes | _____ No | _____ Don't Know |
|--|-----------|----------|------------------|

Please return completed form to the designated location in your ICU.