



- Johns Hopkins Hospital
- Johns Hopkins Bayview
- Other: _____

Central Line Insertion Care Team Checklist

Date _____ Time _____

Addressograph _____

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

CRITICAL STEPS	Yes ✓	Yes with Reminder ✓ <i>(If No-add a comment)</i>
Directions: The Assistant completes this checklist by indicating with a checkmark in the appropriate column when the task is performed. If the task is not performed, a comment must be added. The Supervisor may also function as the Assistant who completes this form.		
1. Perform a time out using the informed consent form.		
2. Clean hands		
3. Wear cap, mask, sterile gown/gloves, and eye protection if in contact with or crossing the sterile field *at any time during the procedure. a. All others entering the room during the procedure must wear cap and mask.		
4. Prep site with chlorhexidine and let air dry. (*See instructions)		
5. Drape patient from head to toe using sterile technique.		
6. Prepare catheter by pre-flushing and clamping all lumens not in use during procedure.		
7. Place patient in trendelenburg position unless contraindicated (e.g., increased ICP) or if femoral/ PICC (place supine and flat).		
8. Maintain sterile field.		
9. Ensure grasp on guide wire is maintained throughout procedure and removed post procedure.		
10. Aspirate blood from all lumens, flush, and apply sterile caps.		
11. Ensure venous placement. (*See instructions)		
12. Clean site with chlorhexidine, apply sterile dressing, and apply sterile caps on all hubs.		

*Checklist instructions located on back of form

Operator _____ Supervisor _____ Assistant _____

Comments:

2-Hole 1/4 2 3/4 - 3-Hole 1/4 4 1/4

Central Line Insertion Care Team Checklist Instructions

Roles:

- **Supervisor Role:** 2nd year resident and above (approved for line placement; may also serve as the Assistant and assure that checklist is completed, in the absence of the assistant)
- **Assistant Role:** RN, ClinTech, MD, NP, PA (responsible for completing checklist)
- **Operator Role:** Person inserting line

Operator Requirements:

- A minimum of 5 supervised successful procedures in both the chest and femoral sites is required for independent placement (10 total). If a clinician 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
- Obtain qualified second operator after 3 unsuccessful sticks (except if emergent)

Sterile Field Includes: Patient full body drape, sterile tray, ultrasound probe and all equipment for the procedure.

Prep Procedure: Scrub back and forth with Chlorhexidine with friction for 30 seconds, allow to air dry completely before puncturing site. Do not wipe, fan or blot. (groin prep: scrub 2 minutes and allow to dry for 2 minutes to prevent infection).

Deviations: If there is a deviation in any of the critical steps, the Supervisor or Assistant must **immediately notify the operator and stop the procedure until corrected**. 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 performed correctly or with any concerns.

Ensuring venous placement: Utilize one of the options below:

- Assess for appropriate fluid column response (the fluid and blood column should fall if venous, rise if arterial)
- Transduce CVP
- Obtain a blood gas
- Fluoroscopy

Note: For non-emergent large-bore (≥ 8 French) intravenous catheter placements, to prevent arterial placement, assure venous placement using one of the methods recommended above.

Other:

- Note: Do not cut the guidewire/catheter due to the increased risk of losing the guidewire/catheter in the patient.

**Place completed checklist in the Medical Record:
“Operative/Invasive Procedures” Tab**