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|  | The Johns Hopkins Hospital | Policy Number | IFC035 |
| | INTERDISCIPLINARY CLINICAL PRACTICE MANUAL | Effective Date | 5/1/07 |
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| | ADULT VASCULAR ACCESS DEVICE (VAD) POLICY: APPENDIX C CENTRAL LINE CHECKLIST | Supersedes | 12/05 |

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. 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).

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 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.

| Critical Steps | Yes ✓ | Yes with reminder | Procedure Deviation: Complete PSN report | Comments: |
|--|----------|----------------------|---|---|
| Before the procedure, did the operator: | | | | |
| Obtain informed consent | | |  | |
| Obtain supervision if needed (see roles above) | | |  | N/A <input type="checkbox"/> |
| Perform a time-out/ briefing | | |  | |
| Confirm hand washing/sanitizing immediately prior | | |  | |
| Operator(s): cap, mask, sterile gown/gloves, eye protection | | |  | |
| Supervisor: cap, mask, sterile gown/gloves, eye protection | | |  | N/A <input type="checkbox"/> |
| Assistant: cap, mask, isolation gown and gloves, eye protection (if at risk for entering sterile field, use sterile gown and gloves) | | | | |
| Properly position to prevent air embolism For Chest/EJ: Trendelenburg (HOB < 0 degrees) For Femoral: supine | | |  | |
| Sterilize procedure site (chlorhexidine) | | |  | |
| 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 avoid 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 | | |  | |
| Verify placement by x-ray (tip in SVC/RA junction) | | |  | N/A for fluoroscopy procedures <input type="checkbox"/> |

Operator _____ Supervisor _____ Assistant _____