

Invasive Procedure Safety Checklist: CVC INSERTION

BEFORE THE PROCEDURE

- Hand washed by operator and assisant? Yes No
- 2% Chlorhexidine Gluconate / 70% isopropyl alcohol formulation (chloraprep 2% with tint) applied to procedure site and allowed to dry? Yes No
- Is all equipment available? (including ultrasound if applicable) Yes No
- Use a large drape to cover the patient in a sterile manner Yes No
- Any Known Drug Allergies? Yes No

TIME OUT

Verbal confirmation between team members before start of procedure

- Is patient position optimal? Yes No
- All team members identified and roles assigned? Yes No
- Correct Line ready (11cm/16cm) Yes No
- Any concerns about procedure? Yes No
- If you had any concerns about the procedure, how were these mitigated?

SIGN OUT

- Injection site caps placed using sterile technique Yes No
- Sterile dressing (Tegaderm / Opsite 3000) applied using sterile technique Yes No
- Guidewire Removed?** Yes No
- Chest X-Ray required/ordered Yes No
- Any adverse events? (Documented in adverse events Log) Yes No

Procedure date: Time:

Operator:

Observer:

Assistant:

Level of supervision: SpR Consultant

Equipment & trolley prepared:

Patient Identity Sticker:

Signature of responsible clinician completing the form

During the procedure						
Sterile gloves and sterile gown worn by operator and assistant					Yes	<input type="checkbox"/>
Hat and mask worn by operator and assistant					Yes	<input type="checkbox"/>
Sterile field maintained					Yes	<input type="checkbox"/>
Sterile sheath and sterile gel used with ultrasound probe (if applicable)					Yes	<input type="checkbox"/>
Procedure		Cather type		Insertion site		
Elective		Multi-lumen		Subclavian		
Emergency		Dialysis		Jugular		
Re-wire		Introducer/Sheath		Femoral		
Ultrasound used?		PICC/ Midline		Right	Left	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	ECMO / VAD		Guidewire Removed	Yes <input type="checkbox"/>	
Complications						
Pneumothorax <input type="checkbox"/>	Arterial puncture <input type="checkbox"/>	Malposition <input type="checkbox"/>	Haemorrhage <input type="checkbox"/>			
2 nd person required <input type="checkbox"/>	Unable to cannulate <input type="checkbox"/>	Other <input type="checkbox"/>	None <input type="checkbox"/>			
Complication Actions/Comments:						