

CVC Checklist

MRN or Patient Label: _____

Procedure Date: _____ Time: _____

Location of CVC Insertion: ITU HDU Radiology ED Other: _____

Operator: _____

Grade of Operator: Consultant Specialist Registrant Registrar SHO

Operator's Specialty:

EM Anaesthesia/ICU Medicine Surgery Other (please specify): _____

Supervisor: _____ Assistant: _____

Procedure:

- Emergency
 Elective
 Ultrasound guidance

Insertion Site:

- Subclavian
 Jugular
 Femoral
 Other (please specify): _____

Position:

- Right
 Left
 New line
 Guidewire exchange

Catheter Type:

- Triple lumen
 Vas Cath
 Arterial
 Other (please specify): _____

Lumens

- 1 2 3 4 5

Catheter Coating:

- Antibiotic Antiseptic None

Local Anaesthetic used: _____ Sedation used: _____

Number of skin punctures: 1 2 3 ≥ 4

Number of needle passes: 1 2 3 ≥ 4

Complications: Hemorrhage Pneumothorax Other (please specify): _____

Additional comments:

This checklist is to be completed by an independent observer who should stop the procedure if a significant breach of aseptic technique is observed.

Yes No

- Hand hygiene
- Maximal barrier precautions*
- Skin asepsis (Chlorhexidine 2% in alcohol (if compatible) & allowed to dry)
- Sterile technique maintained throughout procedure
- CVC secured and dressed with sterile, semipermeable transparent dressing
- Appropriate position of catheter radiologically confirmed
- Other method used to check placement (e.g., catheter transduced)

**The operator (and supervisor) wore hat, mask sterile gown and sterile gloves and sterile drapes were placed to create a sterile operating field*

Operator Signature

Observer Signature