Central Venous Catheter Insertion Checklist Revision

What You Need to Know
Central Line Placement Checklist - Revision

- These changes are being made due to an Action Plan with the Joint Commission regarding central line placement.

- It will now be required to confirm that the number of wires and introducers is the same before and after the insertion, just like the counts performed in the OR. This is to ensure that nothing was unintentionally left inside the patient.
Central Venous Catheter Insertion Checklist

LAKE REGIONAL HEALTH SYSTEM  CENTRAL VENOUS CATHETER (CVC) INSERTION CHECKLIST
Osage Beach, Missouri

CVC = central venous introducer (w/ or w/o SG), central venous triple lumen, implanted ports, PICC, Hickman, etc. Not included: temporary dialysis catheters (like Quinton)

* This checklist should be completed after every central venous catheter insertion at LRHS.
* All "no" or "other" responses require an explaining note.
* Please complete all fields.

☐ Emergent  ☐ Elective  ☐ Date: __________________________

• Operator (Physician or LiP): ____________________________

• Assistant (to sterile field): ____________________________

• Patient Monitor (RN): ________________________________

• Hands sanitized prior to start of procedure: yes ☐ no ☐
  Note: _____________________________________________

• Hat, gown, mask, and gloves worn by operator: yes ☐ no ☐
  Note: _____________________________________________

• Hat, mask worn by Patient Monitor and Assistant: yes ☐ no ☐

• Patient skin at insertion site prepped with CHG: yes ☐ no ☐
  Note: _____________________________________________

• Sterile field draped to cover entire patient: yes ☐ no ☐
  Note: _____________________________________________

• CVC secured: suture ☐ adhesive device ☐ other ☐
  Note: _____________________________________________

• Occlusive dressing applied: yes ☐ no ☐
  Note: _____________________________________________

• CVC placed at groin: yes ☐ no ☐ (Groin placement is discouraged.)
  Note (if "yes" is selected): ____________________________

• CVC will be removed when it is no longer medically necessary: yes ☐ no ☐
  Note: _____________________________________________
Policy NS-196 states that the nurse MUST be present during the insertion of central lines.

- The **nurse** is responsible for monitoring the telemetry (Kathy Webb is not trained to do this) during this procedure.
- The nurse is responsible for completing the Central Venous Catheter Insertion Checklist—with the addition “confirmation that the number of wires and introducers is the same before and after the insertion.”
- The nurse is responsible to make sure that these forms are then submitted to Jim Howard. (Check with your HUC to see where these forms should be placed)

It is important that nurses follow the policy on this matter, as these checklists are what will be used to report back to the Joint Commission.

We will have to “report” 100% of our findings on how we are doing with following our policy.
Procedure:
1. Wash hands and don gloves
2. Prepare IV solution or flush solution
3. Assist physician/CRNA with applying sterile gown
4. Place moisture-proof pad under patient
5. Ensure that all individuals in the immediate area of the bedside wear a mask.
6. Turn or instruct patient to turn head away from insertion site.
7. While the physician/CRNA cleanses & drapes the site, comfort patient by explaining what is happening throughout the procedure.
8. Assist physician/CRNA with flushing of catheter ports.
10. Monitor heart rate & rhythm, respiratory rate & patient response throughout the procedure. Watch cardiac monitor closely as guidewire & catheter are inserted & notify physician/CRNA immediately if dysrhythmia occurs.
The Items we monitor during a CVC insertion.
Typical sterile field set-up for a CVC insertion

Guidewire

Introducer

Sheath
PICC Line
Implantable Venous Access Device
Tunneled Catheter
Pathogenesis

Slightly Head-down Position for CVC Insertion
Prior to Insertion

Strict Hand Hygiene
Prep the intended insertion site with ChloraPrep.
Be sure to prep a wide margin surrounding the insertion site.

How to use ChloraPrep

1. **Pinch**
   Hold the applicator as shown, being careful not to touch the sponge. Pinch the wings together. You will hear a ‘pop’ as the ampoule breaks.

2. **Apply**
   Gently press the applicator against the skin and apply the antiseptic using up and down, back and forth strokes for about 30 seconds.

3. **Dry**
   Leave for approximately 30 seconds, allowing the area to air dry completely before applying sterile drape.

   Discard the applicator after a single use.
Maximal Patient Barrier:

The operator should wear:
hat, mask, sterile gloves, and sterile gown.

Drape the patient:
full body drape (head-to-toe).
The CVC Insertion Procedure (Seldinger):
The CVC Insertion Procedure (Seldinger): Continued
Secure catheter.
Cover catheter insertion site with a transparent, occlusive dressing.
After the insertion procedure is complete:

• Chest x-ray to verify central line catheter tip placement.

• No fluids/medications should be administered via the line until verification of placement is done unless in an emergent situation.

• After placement has been verified:
  ★ connect **NEW** administration sets and fluids to ports.
  ★ **NEVER** connect previously used IV tubing to the new central venous access line.
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Please take the quiz now

What You Need to Know
Please Circle the correct answer

T       F     The change to the CVC Insertion Checklist occurred because of an action plan submitted to The Joint Commission.
T       F     The nurse is responsible for monitoring the telemetry during CVC insertion.
T       F     For CVC insertion, draping the entire patient is only required in the OR.
T       F     It is required to confirm the number of introducers and wires before and after a CVC insertion.
T       F     We will be reporting 100% of our CVC Insertion Checklist findings on how we are doing with following our policy.
T       F     Each CVC Insertion Checklist should be returned to Jim Howard in OHS after completion.
T       F     Everyone in the vicinity of the bedside must wear a mask during CVC insertion.
T       F     The patient should remain completely level during CVC insertion.
T       F     CVC includes central venous introducers (w/ or w/o SG), triple lumen catheters, PICC lines, implanted venous access devices, and tunneled catheters.
T       F     The operator should wear a hat, mask, sterile gown, and sterile gloves while inserting a CVC.
T       F     CHG is used to prep the patient’s skin at the CVC insertion site.
T       F     The groin is considered a prime CVC insertion site.
T       F     CVC’s should be removed as soon as they are no longer needed medically.
T       F     The CVC must be secured to the skin either with sutures or an adhesive device.
T       F     Never connect previously used IV tubing to a new CVC.

Your Name:_______________________   Badge #: ___________
Date: _____________________________
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