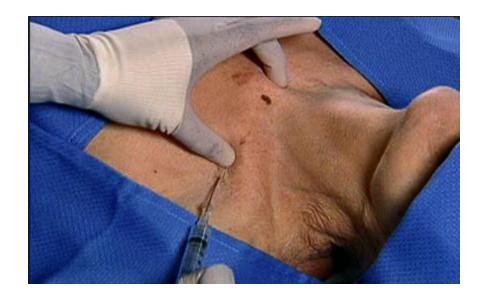
Central Venous Catheter Insertion Checklist Revision



What You Need to Know

<u>Central Line Placement Checklist-Revision</u>

•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.

LAKE REGIONAL HEALTH SYSTEM Osage Beach, Missouri			CENTRAL VENOUS CATHETER (CVC) INSERTION CHECKLIST	River, 3/14 Rev. 7/14
CVC = central ve Hickman, etc.			central venous triple lumen, implanted ports, ny dialysis catheters (like Quinton)	PICC,
	er" responses requ		central venous catheter insertion at LRHS. ng note.	
Emergent	Elective	Date:		
Operator (Physician or LIP):			
Assistant (to sterile field):			
Patient Mo	onitor (RN):			
	nitized prior to star		yes 🗆 no 🗆	
Hat, gown, Note:	, mask, and glove	worn by open	ator: yes 🗆 no 🗖	_
Hat, mask	worn by Patient N	Ionitor and Ass	istant: yes 🗆 no 🗆	
	n at insertion site		HG: yes 🗆 no 🖾	
	draped to cover		yes 🗆 no 🗆	
CVC secu Note:	red: suture 🗆 ad	hesive device	C other	
Occlusive Note:	dressing applied:	yes 🗆 no 🗆	1	
	ed at groin: yes[es" is selected):		n placement is discouraged.)	
CVC will b	e removed when i	t is no longer m	redically necessary: yes 🗌 no 🔲	

- <u>Policy NS-196 states that the nurse MUST be present during the</u> <u>insertion of central lines.</u>
- •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.

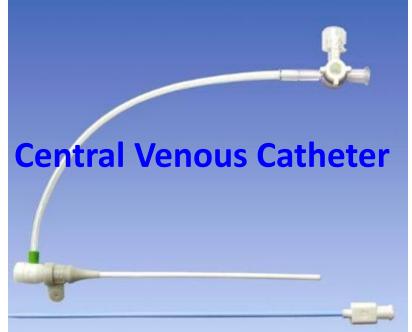
Nursing Service Policy and Procedure NS-196 (excerpt)

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.
- 9. When instructed by physician/CRNA, place patient in 15-25 degree Trendelenburg position.
- 10. <u>Monitor heart rate & rhythm, respiratory rate & patient response throughout</u> <u>the procedure.</u> Watch cardiac monitor closely as guidewire & catheter are inserted & notify physician/CRNA immediately if dysrhythmia occurs.

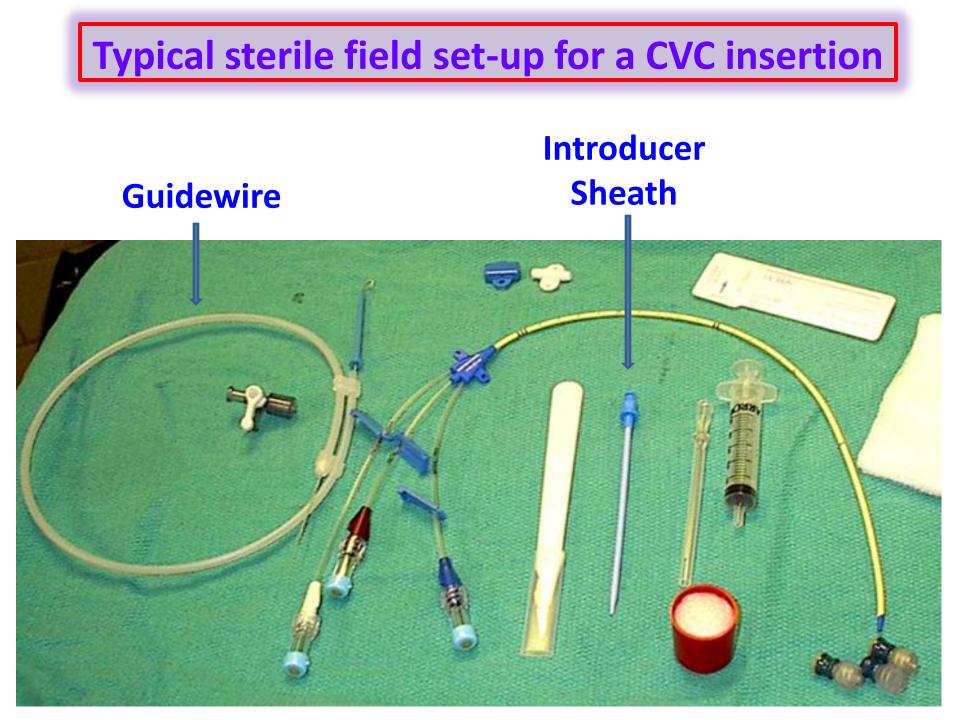
The Items we monitor during a CVC insertion.



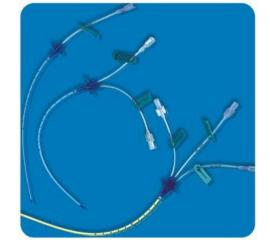


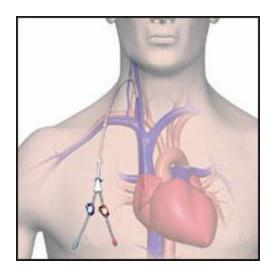






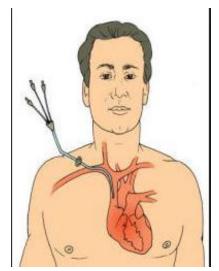








CVC





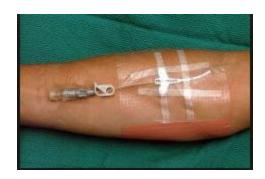




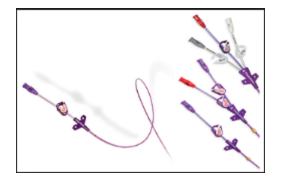




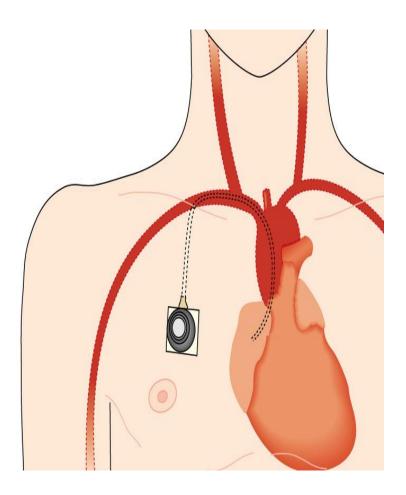




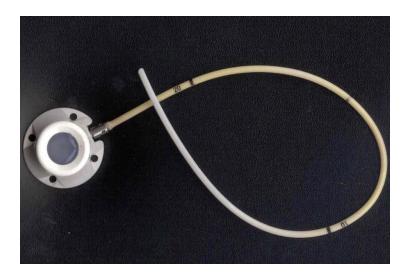




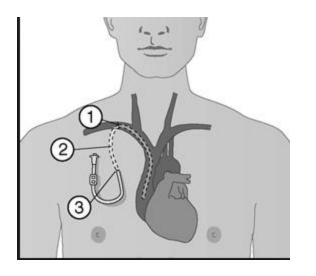
Implantable Venous Access Device

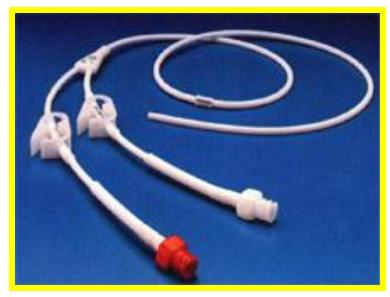






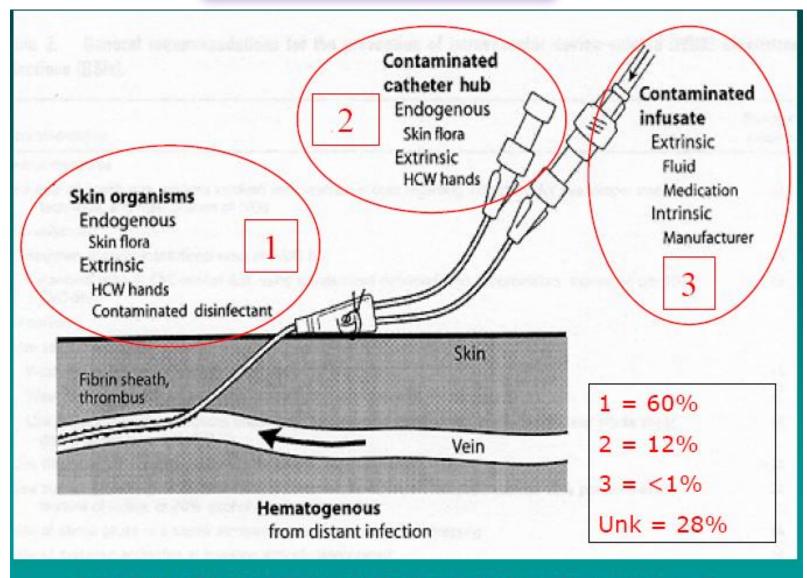
Tunneled Catheter







Pathogenesis



Safdar N, Maki DG. The pathogenesis of catheter-related bloodstream infection with noncuffed short-term central venous catheters. Int Care Med 2004;30:62-7

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

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



Apply

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



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:

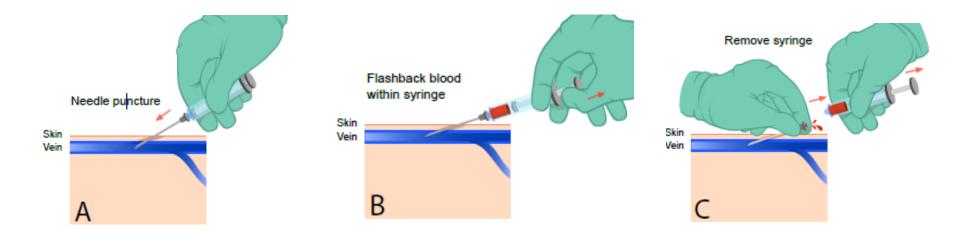
The operator should wear: hat, mask, sterile gloves, and sterile gown.

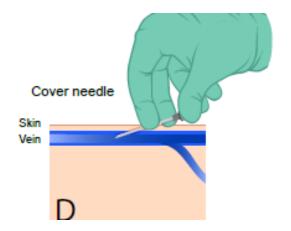


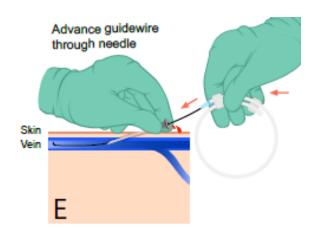
Drape the patient: full body drape (head-to-toe).

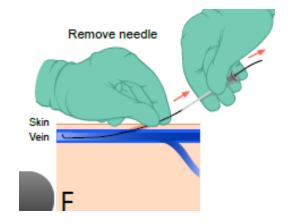


The CVC Insertion Procedure (Seldinger):



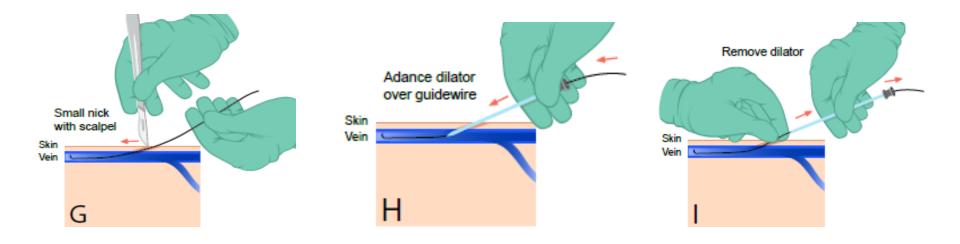


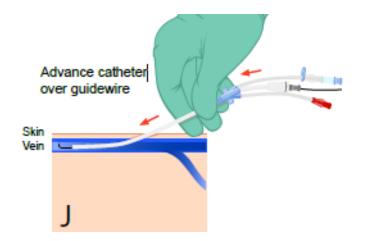


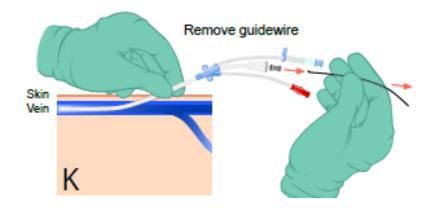


The CVC Insertion Procedure (Seldinger):

Continued







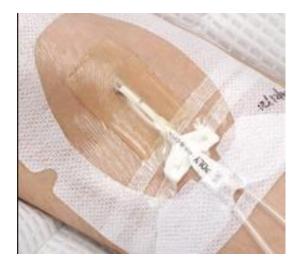
Secure catheter.





Cover catheter insertion site with a transparent, occlusive dressing.

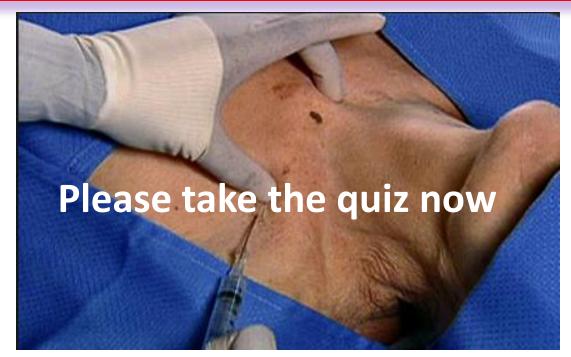




After the insertion procedure is complete:

- Chest x-ray to verify central line catheter tip placement.
- No fluids/medications should be administered via the line <u>until</u> verification of placement is done unless in an emergent situation.
- After placement has been verified:
 - ★ connect <u>NEW</u> administration sets and fluids to ports.
 - ★ <u>NEVER</u> connect previously used IV tubing to the new central venous access line.

Central Venous Catheter Insertion Checklist Revision



What You Need to Know



Central Venous Catheter Insertion Checklist Revision What You Need to Know

Please Circle the correct answer

- The change to the CVC Insertion Checklist occurred because of an action plan submitted to The Joint Commission. Т F
- The nurse is responsible for monitoring the telemetry during CVC insertion. Т F
- For CVC insertion, draping the entire patient is only required in the OR. т F
- It is required to confirm the number of introducers and wires before and after a CVC insertion. Т F
- We will be reporting 100% of our CVC Insertion Checklist findings on how we are doing with following our policy. Т F
- Each CVC Insertion Checklist should be returned to Jim Howard in OHS after completion. Т F
- Everyone in the vicinity of the bedside must wear a mask during CVC insertion. Т F
- The patient should remain completely level during CVC insertion. Т F
- CVC includes central venous introducers (w/ or w/o SG), triple lumen catheters, PICC lines, implanted venous т F access devices, and tunneled catheters.
- The operator should wear a hat, mask, sterile gown, and sterile gloves while inserting a CVC. т
- CHG is used to prep the patient's skin at the CVC insertion site. т
- The groin is considered a prime CVC insertion site. Т
- CVC's should be removed as soon as they are no longer needed medically. т
- The CVC must be secured to the skin either with sutures or an adhesive device. т
- Never connect previously used IV tubing to a new CVC. Т F



Your Name:_____ Badge #: _____

Date: _____

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Key to Quiz for:

G

(T)

Central Venous Catheter Insertion Checklist Revision What You Need to Know

Please Circle the correct answer

- F The change to the CVC Insertion Checklist occurred because of an action plan submitted to The Joint Commission.
 - The nurse is responsible for monitoring the telemetry during CVC insertion.
- For CVC insertion, draping the entire patient is only required in the OR.
- F It is required to confirm the number of introducers and wires before and after a CVC insertion.
- F We will be reporting 100% of our CVC Insertion Checklist findings on how we are doing with following our policy.
- F Each CVC Insertion Checklist should be returned to Jim Howard in OHS after completion.
- F Everyone in the vicinity of the bedside must wear a mask during CVC insertion.
- (F) The patient should remain completely level during CVC insertion.
- F CVC includes central venous introducers (w/ or w/o SG), triple lumen catheters, PICC lines, implanted venous access devices, and tunneled catheters.
- F The operator should wear a hat, mask, sterile gown, and sterile gloves while inserting a CVC.
- **F** CHG is used to prep the patient's skin at the CVC insertion site.
- (F) The groin is considered a prime CVC insertion site.
- F CVC's should be removed as soon as they are no longer needed medically.
- F The CVC must be secured to the skin either with sutures or an adhesive device.
- F Never connect previously used IV tubing to a new CVC.



Your Name:_____

Badge #: _____

Date: