

**McLAREN FLINT**  
**Flint, Michigan**  
**CENTRAL LINE INSERTION CHECKLIST**

- If any item on the checklist is not adhered to or there are any concerns, contact the supervisor.
- FAQ Central line Patient Education sheet given prior to central line?

**Yes**    **No, explain:** \_\_\_\_\_

**Purpose:** To work as a team to decrease patient harm from catheter-related blood stream infections  
**When:** During all central venous or central arterial line insertions or re-wires

➔ If there is an observed violation, line placement should stop immediately and the violation should be corrected. If a correction is required, mark yes to question #7 and explain violation at the bottom of the page and what corrections were made.

1. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Is the procedure:    Elective    Emergent
3. Procedure:    New line    Rewire
4. Imaged guidance used:    Yes    No
5.    Internal Jugular    Subclavian    Femoral    PICC

**Do not insert lines into Femoral Vein unless other sites are unavailable.**

<b>6. Prior to procedure (Please Check One):</b>	YES	NO	N/A
6a.) Sign on door Sterile Procedure in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6b.) Perform a time out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6c.) Perform hand hygiene immediately prior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was hand hygiene directly observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6d.) Place patient in trendelenburg position (to less than 0 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6e.) Sterilize procedure site with chlorhexidine antiseptic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6f.) Maximum sterile barrier in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6g.) Use hat, mask, sterile gown and gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6h.) Maintain a sterile field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6i.) Personnel assisting follow the above precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6j.) Ensure line aspirates blood to prevent hemothorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6k.) Transducer CVP or estimate CVP by fluid column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6l.) DVT prevention started if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6m.) Standardized kit or cart used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. After the procedure:**  
 Was a Tegaderm CHG sterile dressing applied to the central line site?                 

**8. Was a correction required to ensure compliance with any of the above safety and infection control measures?**  
 Yes    No, explain: \_\_\_\_\_

9. Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

White - Medical Records  
 Canary - Nurse Manager  
 Pink - Infection Control

**CENTRAL LINE  
 INSERTION CHECKLIST**

M-701 (2/12) GRAPHICS



260b

PT.

MR.#/P.M.

DR.