

**McLaren Print System Order**

Order No: 50211 Reprint Previous Order No: 50210  
 Order Date: 2019-11-11  
 User: Stacey Engberg  
 Phone: 342-2546

Ship Location: McLaren Flint/ \*\*\* New location\*\*\* 4S CM/SW hall  
 401 South Ballenger Highway  
 Flint, Mi 48532

**Forms**

Quantity: 100  
 Paragon Dept No: 91020  
 Dept Name: Nursing Services/ACP/4S  
 Company Number: 60

Order Total Price: 10.65

Item Number: 701  
 Item Description: Central Line Insertion Checklist  
 Revision Date: 11/2019  
 Print: 2 sided full color  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info: ds; color, 8.5x11

**McLaren CENTRAL LINE INSERTION CHECKLIST**  
FLINT **\*\* THIS FORM IS NOT TO BE USED FOR INSERTION OF ARTERIAL LINES\*\***

**PRIOR TO INSERTION: LINE SELECTION AND INDICATIONS**  
 Select appropriate indication and reason the line is to be inserted.  
 (See line site selection guide on the back)

<p><b>Emergent Need: use &lt; 7 days</b></p> <p><b>Site Choice:</b></p> <p><b>Extremities</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Internal Jugular</li> <li><input type="checkbox"/> Subclavian</li> <li><input type="checkbox"/> Femoral</li> </ul> <p><b>Reason:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Vasopressor Support</li> <li><input type="checkbox"/> Dialysis</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>Non-Emergent Need: must be in &gt; 7 days</b></p> <p><b>Site Choice:</b></p> <p><b>Distal J. Chemo</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Femoral</li> <li><input type="checkbox"/> Hickman</li> <li><input type="checkbox"/> Broviac</li> <li><input type="checkbox"/> Groshong</li> </ul> <p><b>Reason:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Chemotherapy</li> <li><input type="checkbox"/> Hemodialysis</li> <li><input type="checkbox"/> Other _____</li> </ul>
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**DO NOT INSERT CATHETERS INTO THE FEMORAL VEIN UNLESS NO OTHER SITES ARE AVAILABLE**

Prior to insertion all participants did the following	Yes	No	If No, why not?
1 Performed a time out?	Yes	No	
2 Performed hand hygiene immediately prior to insertion?	Yes	No	
3 All personnel assisting followed aseptic technique and wore PPE (hat, mask, sterile gown and sterile gloves), all others in room wore mask and hair?	Yes	No	
4 Used a supply set or kit with all necessary components?	Yes	No	
5 Used a maximum sterile barrier?	Yes	No	
6 Used CVC skin antiseptic for skin preparation of the patient?	Yes	No	
7 For a <b>dry</b> site did a 30 second scrub, plus a 30 second dry time?	Yes	No	
8 For a <b>wet</b> (alcohol green) did a 2 minute scrub, plus a 1 minute dry time?	Yes	No	
<b>Post procedure:</b>	Yes	No	
9 Sterile occlusive dressing were used to cover the site? Date, time and initial drawing	Yes	No	
10 Central line insertion check for completion and followed?	Yes	No	

Signature of practitioner inserting line: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Upon completion, place in patient record under Procedure tab.