

**McLaren Print System Order**

Order No: 6617  
 Order Date: 2014-10-21  
 User: Sarah Pepper  
 Phone: 810-342-2262

Ship Location: McLaren Flint 3N OP IV Therapy/Sarah Pepper  
 401 South Ballenger Highway  
 Flint, MI 48532-3638

**Forms**

Quantity: 1000  
 Paragon Dept No: 36710  
 Dept Name: McLaren Flint - Infusion Services  
 Company Number: 60

Order Total Price: 176.00

Item Number: M-701  
 Item Description: Central Line Insertion Checklist  
 Revision Date:  
 Print: 1 sided black and white  
 Paper: 3 Part (White, Yellow, Pink)  
 Size: 8.5 x 11  
 Fold:  
 Finish:  
 Drill: None  
 Misc Info:

**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.  
 • FAD Central Line Patient Education sheet given prior to central line?  
 Yes  No, explain: \_\_\_\_\_

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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-uses.

➔ If there is an observed violation, the 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 conditions were made.

1. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Is the procedure:  Elective  Emergent

3. Procedure:  New line  Reuse

4. Image/guidance used:  Yes  No

5.  Internal Jugular  Subclavian  Femoral  PICC  
 Do not insert lines into Femoral Vein unless other sites are unavailable.

6. Prior to procedure (Please Check One):

	YES	NO	N/A
(a) Sign on-door Sterile Procedure in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Perform a time out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Perform hand hygiene immediately prior Was hand hygiene directly observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Place patient in Trendelenburg position (to less than 3 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Sterilize procedure site with disinfectant-antiseptic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Maximum sterile barrier in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Use hat, mask, sterile gown and gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Maintain a sterile field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Personnel assisting/follow the above precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Ensure line aspirates blood to prevent hematoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Transduce CVP or estimate CVP by fluid column	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(l) DVT prevention started if required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(m) Standardized kit or cart used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. After the procedure:  
 Was a Tegaderm (TM) sterile dressing applied to the central line site?  Yes  No

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

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