



Central Line Insertion Checklist

Procedure date ____ / ____ / ____ Time _____ Elective Emergency

Proceduralist: Consultant Registrar Resident RN

Catheter

Infusions
Haemofiltration
PA catheter + sheath
Introducer/sheath only
PICC
Other

Insertion site

Jugular
Subclavian
Femoral
Cubital fossa
Other

Line coating/impregnation

Nil
Antiseptic
Antibiotic
Dressing
Transparent only
Plus chlorhexidine patch

Proceduralist acknowledges he/she would like to be reminded if he/she misses one of the steps below; eg. "I would like you to watch me and if you see that I forget an important step in the procedure I want you to tell me."

This section to be completed by observer

A separate form must be completed for each proceduralist involved

Proceduralist

	Yes	No
wears hat	<input type="checkbox"/>	<input type="checkbox"/>
wears mask	<input type="checkbox"/>	<input type="checkbox"/>
performs surgical scrub with approved solution and correct time	<input type="checkbox"/>	<input type="checkbox"/>
wears sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>
wears sterile gown	<input type="checkbox"/>	<input type="checkbox"/>
cleans insertion site with alcoholic chlorhexidine	<input type="checkbox"/>	<input type="checkbox"/>
allows chlorhexidine to dry	<input type="checkbox"/>	<input type="checkbox"/>
covers entire patient with sterile drape	<input type="checkbox"/>	<input type="checkbox"/>
maintains sterile technique throughout procedure	<input type="checkbox"/>	<input type="checkbox"/>
cleans site and covers with appropriate dressing	<input type="checkbox"/>	<input type="checkbox"/>

Assistant*

	Yes	No
wears hat	<input type="checkbox"/>	<input type="checkbox"/>
wears mask	<input type="checkbox"/>	<input type="checkbox"/>
uses alcohol-based rub	<input type="checkbox"/>	<input type="checkbox"/>

**Does not refer to a person who is physically helping to insert the line; they must prepare as per the proceduralist and a separate form completed.*

Name of person completing the form _____