

Emergency Department CENTRAL LINE CHECKLIST

AGH	
WRH	



<Name>	<Age>	<DoB>	<Hosp number>	<NHS Number>	<ED episode number>
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BEFORE THE PROCEDURE Indication: Access Therapy Monitoring Other

	Yes	No		Yes	No
Patient Identity checked as correct?			Any drug Allergies ?		
Appropriate Consent completed?			Safe Site of insertion identified?		
Are there any concerns about this procedure for the patient or its timing?			Is suitable Catheter and Equipment available? (incl. ultrasound if applicable)		
Risk of Coagulopathy & Medicines checked?					

TIME OUT

	Yes	No		Yes	No
Patient is adequately Monitored?			Anaesthetist aware if patient ventilated		
Patient position is optimal			Team members identified & roles assigned		

DURING PROCEDURE - STOP if unable to aspirate air/ fluid with green needle

Hands washed and Sterile Gloves Sterile Gown and Mask and Hat Large Drape(s) SITE: Right Left
 Chlorprep 2% to skin and allowed to dry Sterile sheath and gel if U/S probe used
 Local Anaesthetic: Lidocaine 1% Lidocaine 2% Other Volume
 Technique: Seldinger Catheter Size: Single Triple Quad Introducer
 Site: Subclavian Jugular Femoral
 Suture: Mersilk Ethilon Other Suture Size: 1/0 2/0 3/0 4/0 5/0
 All ports aspirated to remove any air and flushed with Saline Yes No
 Ultrasound Used ? Yes No Adverse Events ? No Yes (record below or in notes)

NOTES

Complications

Pneumothorax Arterial Puncture Malposition Haemorrhage
 2nd Person required Unable to cannulate Other None

SIGN OUT

	Yes	No		Yes	No
Sutures, catheter and dressing secured			Guidewire removed		
Injection caps placed using sterile technique			Sterile dressing and placement technique		
Chest X-ray ordered to confirm position			Verbal handover to Nurse		

X-Ray interpreted by: CVC authorised for use by:	PROCEDURE Date	STAFF (print & sign) Operator Assistant Equip/ Trolley Prep
	Time (24hr)	