

**Central Line Insertion Checklist**

**UNC Healthcare**

Affix Bar Code Pt Label Here

Pt Name:

MR#:

Date:

Time:

Pt Room #:

Your Name:

Clinician's Name:

**PICU: PLACE COMPLETED FORM BACK IN  
LEFT POCKET OF THE FOLDER ON THE  
PROCEDURE CART**

Owner: Dr. Ria Dancel Last Modified: 2015

<b>Care Components</b>	<b>Yes</b>	<b>Yes (After Reminder)</b>	<b>Notes</b>
1. Time-out performed to ensure correct patient, procedure, site and side and documented appropriately	<input type="checkbox"/>	<input type="checkbox"/>	
2. Clinician has washed hands	<input type="checkbox"/>	<input type="checkbox"/>	
3. Clinician has cap/hood covering hair	<input type="checkbox"/>	<input type="checkbox"/>	
4. Mask tightly covers clinician's nose and mouth	<input type="checkbox"/>	<input type="checkbox"/>	
5. Clinician is wearing a sterile gown	<input type="checkbox"/>	<input type="checkbox"/>	
6. Clinician is wearing sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>	
7. Assisting person has washed hands	<input type="checkbox"/>	<input type="checkbox"/>	
8. Assisting person is wearing a sterile gown	<input type="checkbox"/>	<input type="checkbox"/>	
9. Assisting person is wearing sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>	
10. All persons in pt's room are wearing a mask	<input type="checkbox"/>	<input type="checkbox"/>	
11. Patient is covered head to toe with a sterile barrier drape	<input type="checkbox"/>	<input type="checkbox"/>	
12. Skin is prepped by scrubbing site with chlorhexidine using a back-and-forth motion for at least 30 seconds (or 2 minutes if a neck or groin site)	<input type="checkbox"/>	<input type="checkbox"/>	
13. Skin is allowed to dry completely before incision	<input type="checkbox"/>	<input type="checkbox"/>	
Please list the CVL placement site:			
14. If subclavian was not used, was it contraindicated? <u>Y</u> or <u>N</u>	<b>Reason subclavian not used:</b>		<b>PEDS</b>
15. If femoral site was used, what is the justification?			<b>PEDS</b>
<b>Instructions for Returning Checklists:</b>			
<b>ICU areas:</b> Assisting clinical team member to complete. Performance Improvement Staff will pick up checklists from your unit biweekly			
<b>All other areas:</b> Assisting clinical team member to complete. Please send via ID mail to Performance Improvement or tube to the Epidemiology Department #704			