**INVASIVE PROCEDURE SAFETY CHECKLIST: CVC Insertion**

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| **BEFORE THE PROCEDURE** |
| Hand washed by operator and assistant? | Yes | No |
| 2% Chlorhexidine Gluconate / 70% isopropyl alcohol formulation (Chloraprep 2% with tint) applied to procedure site and allowed to dry? | Yes | No |
| Is all equipment available?(including ultrasound if applicable) | Yes | No |
| Use a large drape to cover the patient in a sterile manner | Yes | No |
| Any known drug allergies? | Yes | No |



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| **TIME OUT**Verbal confirmation between team members before start of procedure |
| Is patient position optimal? | Yes | No |
| All team members identified and roles assigned? | Yes | No |
| Correct line ready (11cm/16cm) | Yes | No |
| Any concerns about procedure? | Yes | No |
| If you had any concerns about the procedure, how were these mitigated? |
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| --- | --- |
| **Procedure date:** |  |
| **Time:** |  |
| **Operator:** |  |
| **Observer:** |  |
| **Assistant:** |  |
| **Level of supervision:**  | SpR | Consultant |
| **Equipment & trolley prepared:** |  |

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| **SIGN OUT** |
| Injection site caps placed using sterile technique | Yes | No |
| Sterile dressing (Tegaderm / Opsite 3000) applied using sterile technique | Yes | No |
| **Guidewire removed?** | **Yes** | **No** |
| Chest X-Ray required/ordered | Yes | No |
| Any adverse events? (Documented in adverse events Log) | Yes | No |

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| --- | --- |
| Signature of responsible clinician completing the form |  |

**Patient Identity Sticker:**



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|  **During the procedure** |
| Sterile gloves and sterile gown worn by operator and assistant | Yes | [ ]  |
| Hat and mask worn by operator and assistant | Yes | [ ]  |
| Sterile field maintained | Yes | [ ]  |
| Sterile sheath and sterile gel used with ultrasound probe (if applicable) | Yes | [ ]  |
| **Procedure**  | **Cather type** | **Insertion site** |
| Elective  | Multi-lumen | Subclavian  |
| Emergency | Dialysis | Jugular |
| Re-wire | Introducer/Sheath | Femoral |
| Ultrasound used? | PICC/ Midline | Right | Left |
| Yes [ ]  | No [ ]  | ECMO / VAD | Guidewire Removed | Yes | [ ]  |
| **Complications** |
| Pneumothorax [ ]  | Arterial puncture [ ]  | Malposition [ ]  | Haemorrhage [ ]  |
| 2nd person required [ ]  | Unable to cannulate [ ]  | Other [ ]  | None [ ]  |
| Complication Actions/Comments: |