**INVASIVE PROCEDURE SAFETY CHECKLIST: CVC Insertion**

|  |  |  |
| --- | --- | --- |
| **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 |



|  |  |  |
| --- | --- | --- |
| **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? | | |
|  | | |

|  |  |  |
| --- | --- | --- |
| **Procedure date:** |  | |
| **Time:** |  | |
| **Operator:** |  | |
| **Observer:** |  | |
| **Assistant:** |  | |
| **Level of supervision:** | SpR | Consultant |
| **Equipment & trolley prepared:** |  | |

|  |  |  |
| --- | --- | --- |
| **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 |

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

**Patient Identity Sticker:**



|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | | |