

Date of Procedure _____ Time _____ Patient Location _____

Central Line bundle to be performed prior to line insertion:

Operator Hand Hygiene:	<input type="checkbox"/> Alcohol-based hand rub	<input type="checkbox"/> Soap and water
Assistant Hand Hygiene:	<input type="checkbox"/> Alcohol-based hand rub	<input type="checkbox"/> Soap and water
Skin Prep:	<input type="checkbox"/> Chlorhexidine/alcohol (CHG) – Check Which Process Used Below:	
	<input type="checkbox"/> Dry surgical site: 30 sec. scrub & 30 sec. dry time	
	<input type="checkbox"/> Moist surgical site: 2 min. scrub and 1 minute dry time	
	<input type="checkbox"/> Povidine Iodine Why used? _____	
Barriers used:	<input type="checkbox"/> Mask/eye shield	<input type="checkbox"/> Sterile gown
	<input type="checkbox"/> Cap	<input type="checkbox"/> Sterile gloves
	<input type="checkbox"/> Large sterile drape	
	**Change barriers if contaminated before continuing with procedure	
	**Assistant to don sterile PPE during procedure if indicated	
Site Selection:	<input type="checkbox"/> Subclavian	<input type="checkbox"/> Internal Jugular
Explain "other"?	<input type="checkbox"/> Other (Choose from below & document need for other)	
	<input type="checkbox"/> Femoral	<input type="checkbox"/> Cephalic
	<input type="checkbox"/> Brachial	<input type="checkbox"/> External Jugular
	<input type="checkbox"/> Basalic	
	**Avoid same side as dialysis graft, pacemaker, and mastectomy	

Insertion Status: Emergent New site Elective Code

NON-STERILE conditions (explain) _____

Guide wire exchange – Why? _____

**** Femoral Lines Must Be Assessed for Removal Daily and removed ASAP within 72 Hours ****
Any Line Placed Without Maximal Sterile Barriers/Aseptic Technique Must Be Labeled As "Non-Sterile Conditions", Reason Documented and Line Discontinued Within 24 Hours

Anesthesia:	<input type="checkbox"/> Local	<input type="checkbox"/> General	<input type="checkbox"/> IV Sedation	<input type="checkbox"/> None
Insertion Side:	<input type="checkbox"/> Right	<input type="checkbox"/> Left		
# Lumens:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Placement Indications:	<input type="checkbox"/> Fluids	<input type="checkbox"/> Medications	<input type="checkbox"/> TPN	
	<input type="checkbox"/> Blood Products	<input type="checkbox"/> Dialysis	<input type="checkbox"/> Other	_____
Catheter Type:	<input type="checkbox"/> Central Venous	<input type="checkbox"/> Hemodialysis	<input type="checkbox"/> PICC	
	<input type="checkbox"/> Silver / Chlorhexidine Coated	<input type="checkbox"/> Antibiotic Coated		
	<input type="checkbox"/> Other	_____		

Length of PICC inserted into patient: _____

Number of attempts to pass needle: _____

Line securement: Statlock Tape /Why? _____ Sutures / Why? _____

Dressing Applied: Transparent Sterile dressing **BIOPATCH (Blue Side Up)**

Confirmation: X-ray Ultrasound Pending Not applicable

Comment: _____

Inserting Clinician (print)	Signature	Pager#
Supervising Physician (print)	Signature	Pager#
Nurse (print)	Signature	

Original to Patient Chart / Joint Progress Notes	Faxed by:	Date/Time:
Fax Completed Form upon Insertion to Infection Control Department		

**CENTRAL LINE TIMEOUT – INSERTION
PROCEDURE NOTE**

Patient Information:
