Date of Procedure ____________________ Time ____________________ Patient Location ____________________

Central Line bundle to be performed prior to line insertion:

<table>
<thead>
<tr>
<th>Operator Hand Hygiene:</th>
<th>Alcohol-based hand rub</th>
<th>Soap and water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Hand Hygiene:</td>
<td>Alcohol-based hand rub</td>
<td>Soap and water</td>
</tr>
<tr>
<td>Skin Prep:</td>
<td>Chlorhexidine/alcohol (CHG) – <strong>Check Which Process Used Below:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Dry surgical site: 30 sec. scrub &amp; 30 sec. dry time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Moist surgical site: 2 min. scrub and 1 minute dry time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Povidine Iodine Why used?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Barriers used:</th>
<th>Mask/eye shield</th>
<th>Sterile gown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cap</td>
<td>Sterile gloves</td>
</tr>
<tr>
<td></td>
<td>Large sterile drape</td>
<td></td>
</tr>
</tbody>
</table>

**Change barriers if contaminated before continuing with procedure**

**Assistant to don sterile PPE during procedure if indicated**

Site Selection: ☐ Subclavian ☐ Internal Jugular ☐ Other (Choose from below & document need for other)

Explain “other”? ☐ Femoral ☐ Cephalic ☐ Brachial ☐ External Jugular ☐ Basilic

**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: ☐ Local ☐ General ☐ IV Sedation ☐ None

Insertion Side: ☐ Right ☐ Left

# Lumens: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Placement Indications: ☐ Fluids ☐ Medications ☐ TPN

☐ Blood Products ☐ Dialysis ☐ Other__________________________

Catheter Type: ☐ Central Venous ☐ Hemodialysis ☐ PICC

☐ Silver / Chlorhexidine Coated ☐ Antibiotic Coated ☐ 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
Fax Completed Form upon Insertion to Infection Control Department

CENTRAL LINE TIMEOUT – INSERTION
PROCEDURE NOTE

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