

5 Million Lives Campaign
How-to Guide: Prevent Central Line Infections

Appendix A: Central Line Insertion Checklist (Virginia Mason Medical Center)

Central Line Insertion Standard Work and Safety Checklist

Date: ___/___/___ Start time: _____

Location: _____

Catheter Type: Dialysis Central Venous PICC Pulmonary Artery

Number of Lumens: 1 2 3 4

Insertion Site: Jugular: R L Upper Arm: R L

Subclavian: R L Femoral: R L

Reason for Insertion: New Indication Elective Emergent Replace Malfunctioning Catheter

Procedure Provider: _____ Procedure Assistant: _____

Attending MD Housestaff IV Therapist IV Therapist RN

Standard Work Before, During, and After Procedure		YES Or True	YES (After Reminder)	NA
P R O C E D U R E P R E P	➤ Patient has NO allergy to Heparin	<input type="checkbox"/>		
	➤ Patient's latex allergy assessed & procedure plan modified PRN	<input type="checkbox"/>		
	➤ Consent form completed & in chart (exception Code 4)	<input type="checkbox"/>		
	➤ Perform Procedural Pause	<input type="checkbox"/>	<input type="checkbox"/>	
	Perform patient ID X 2	<input type="checkbox"/>	<input type="checkbox"/>	
	Announce the procedure to be performed	<input type="checkbox"/>	<input type="checkbox"/>	
	Mark / assess site	<input type="checkbox"/>	<input type="checkbox"/>	
	Position patient correctly for procedure	<input type="checkbox"/>	<input type="checkbox"/>	
	Assemble equipment/verify supplies (including ultrasound, unless insertion is subclavian)	<input type="checkbox"/>	<input type="checkbox"/>	
	Verify all medication & syringes are labeled	<input type="checkbox"/>	<input type="checkbox"/>	
➤ Confirm that all persons in room cleanse hands? (ASK, if unsure)	<input type="checkbox"/>	<input type="checkbox"/>		
➤ Central line cart utilized?	<input type="checkbox"/>	<input type="checkbox"/>		
P R E P	➤ Prep Procedure site	<input type="checkbox"/>	<input type="checkbox"/>	
	Chloraprep 10.5 ml applicator used	<input type="checkbox"/>	<input type="checkbox"/>	
	Dry: 30 second scrub + 30 second dry time OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wet: 2 minute scrub + 1 minute dry time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
➤ Used large drape to cover patient?	<input type="checkbox"/>	<input type="checkbox"/>		
➤ Transducer set-up for all jugular and subclavian line insertions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D U R I N G	➤ Wear sterile gloves, hat, mask with eyeshield, <u>and</u> sterile gown? (all must be worn)			
	Procedure provider	<input type="checkbox"/>	<input type="checkbox"/>	
	Procedure assistant	<input type="checkbox"/>	<input type="checkbox"/>	
	➤ Did patient and all other persons in the room wear a mask?	<input type="checkbox"/>	<input type="checkbox"/>	
	➤ Maintain sterile field?	<input type="checkbox"/>	<input type="checkbox"/>	
	➤ Was ultrasound guidance used for all jugular & femoral insertions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> subclavian
	➤ Venous placement confirmation via:			
	pressure transducer w/ monitor OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	manometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	➤ Type of solution used to flush/dosage:			
➤ Catheter caps placed on lumens?	<input type="checkbox"/>	<input type="checkbox"/>		
➤ Catheter sutured in place?	<input type="checkbox"/>	<input type="checkbox"/>		
➤ Position confirmation	Fluoroscopy OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chest X-ray ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> femoral

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A F T E R	➤ Was sterile technique maintained when applying dressing?	<input type="checkbox"/>	<input type="checkbox"/>	
	➤ Was dressing dated?	<input type="checkbox"/>	<input type="checkbox"/>	
	➤ Catheter position confirmed by: Already confirmed during procedure via fluoroscopy (see above), OR Chest X-ray <u>findings</u>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

RN Procedure Note:

MD Procedure Note:

PATIENT Label	VIRGINIA MASON MEDICAL CENTER Central Line Insertion Standard Work and Safety Checklist
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Feedback on Pilot Form

1. How easy was this form to use?
2. Are there any important elements that should be added (please specify)?
3. Are there elements of the form that you think should be excluded (please specify)?
4. Other suggestions for improvements:
5. Other comments

Name: _____

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Appendix B

Daily Goals

Patient Name _____ Room Number _____ Date ____/____/____

---Initial as goals are reviewed ---

GOAL	NOTES	0700-1500	1500-2300	2300-0700
What needs to be done for the patient to be discharged from the ICU?				
What is this patient's greatest safety risk?				
Pulmonary/Ventilator: HOB 30 degrees or greater				
Sedation Vacation and Assessment of Readiness to Extubate				
PUD Prophylaxis				
DVT Prophylaxis				
Cardiac Rhythm, Hemodynamics				
Volume Status, net goal for 12 MN				
Neuro/Pain Mgt/Sedation				
GI/ Nutrition/Bowel Regimen				
Mobilization/OOB				
ID, Cultures, Drug levels				
Medication changes (Can any be discontinued?)				
Tests/Procedures Today				
Review scheduled labs. Can any be discontinued?				
Morning labs and PCXR				
Consultations				
Can central lines or other catheters/tubes be DC'd?				
Attending up to date?				
Family Updated?				
Any social issues to address?				
Emotional/spiritual issues addressed?				
Skin Care Addressed?				
Code Status Addressed?				
Advanced Directive in place?				
Parameters for calling MD				