

Central Venous Access Device (CVAD) Insertion Checklist

This checklist MUST be completed by an observer. If a significant breach of aseptic technique is observed the observer MUST stop the procedure.

Date:		Time:		Operator:		Assistant:	
Consent: Informed verbal <input type="checkbox"/>		Informed written <input type="checkbox"/>		Patient on ICU/HDU <input type="checkbox"/>			
Procedure		Catheter type		Insertion site			
Elective <input type="checkbox"/>		CVAD <input type="checkbox"/>	N ^o lumens:	Subclavian <input type="checkbox"/>			
Emergency <input type="checkbox"/>		Dialysis <input type="checkbox"/>		Jugular <input type="checkbox"/>			
Re-wire <input type="checkbox"/>		Introducer/Sheath <input type="checkbox"/>		Femoral <input type="checkbox"/>			
Ultrasound used? Yes <input type="checkbox"/> No <input type="checkbox"/>		PICC <input type="checkbox"/>		Right <input type="checkbox"/>		Left <input type="checkbox"/>	
		Other (specify):		Tunnelled <input type="checkbox"/>			

Before the procedure			Tick to confirm
1	Hat and mask worn by operator	Yes	
2	Hands washed by operator	Yes	
3	Sterile gloves and sterile gown worn by operator	Yes	
4	2% chlorhexidine gluconate / 70% isopropyl alcohol formulation (chloraprep 2%) applied to procedure site and allowed to dry	Yes	
5	Large sterile drape used to cover the patient	Yes	
During the procedure			Tick to confirm
6	Sterile sheath used with ultrasound probe (if used)	Yes	
7	Sterile field maintained	Yes	
8	Guide wire removed	Yes	
After the procedure			Tick to confirm
9	Injection site caps placed using sterile technique	Yes	
10	Sterile dressing (Tegaderm / Opsite 3000) applied using sterile technique	Yes	
Complications			
Arterial puncture: <input type="checkbox"/> Treatment:		Unable to cannulate vein, 2nd site:	
2 nd person required. Name:		Other (specify):	
Confirmation of venous placement			
Venous waveform: <input type="checkbox"/>		Pressure:	
Blood gas analysis: <input type="checkbox"/>		Venous SpO ₂ :	
Radiological confirmation of correct line placement			
Line tip in SVC: Y <input type="checkbox"/> N <input type="checkbox"/>		Pneumothorax: Y <input type="checkbox"/> N <input type="checkbox"/>	

Please detail any additional comments overleaf

Additional Comments: