

# INVASIVE PROCEDURE SAFETY CHECKLIST: CVC Insertion

BEFORE THE PROCEDURE			TIME OUT			SIGN OUT		
Patient identity checked?	Yes		Verbal confirmation between team members before start of procedure			Able to aspirate blood from all lumens and flush all lumens?	Yes	
Appropriate consent completed?	Yes		Team members identified and roles allocated?	Yes		Correct injection site caps / connectors used?	Yes	
All equipment available?	Yes		Is patient position optimal?	Yes		Correct dressing applied?	Yes	
Correct type/size of line available?	Yes		Operator to confirm, during procedure, that guidewire is removed	Yes		Guidewire confirmed as removed?	Yes	
Is there a coagulopathy (drugs and lab tests)?	Yes	No	Ultrasound available and set up	Yes		Chest X-ray required?	Yes	N/A
Known drug allergies?	Yes	No				If Chest X-ray required, is line position satisfactory?	Yes	
Are infection control precautions in place?	Yes	No				Pneumothorax excluded?	Yes	
Is help required?	Yes	No				Placement confirmation – use two methods		
						CVP waveform present? Venous pressure .....mmHg	Yes	
						Ultrasound confirms CVC placement?	Yes	
						Paired venous and arterial blood gases? Arterial pO2.....kPa CVC pO2.....kPa	Yes	

Procedure Date:

Time:

Operator:

Assistant:

Supervisor:

Patient Identity Sticker:

Signature of responsible clinician completing the form