



Central venous catheter checklist

Setting:

- | | | | |
|---------|-----------------------|------------|-----------------------|
| routine | <input type="radio"/> | emergency | <input type="radio"/> |
| new | <input type="radio"/> | reposition | <input type="radio"/> |
| cvl | <input type="radio"/> | dialysis | <input type="radio"/> |

- | | | | | | |
|---------|-----------------------|------------|-----------------------|---------|-----------------------|
| jugular | <input type="radio"/> | subclavian | <input type="radio"/> | femoral | <input type="radio"/> |
| right | <input type="radio"/> | left | <input type="radio"/> | | |

Done independently	Done after reminded
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Preparation:

- | | | |
|---------------------------------------|-----------------------|-----------------------|
| Putting on surgical hat | <input type="radio"/> | <input type="radio"/> |
| Putting on face mask | <input type="radio"/> | <input type="radio"/> |
| Assisting person putting on face mask | <input type="radio"/> | <input type="radio"/> |
| Scrub disinfection of insertion site | <input type="radio"/> | <input type="radio"/> |

Clothing/Hand hygiene:

- | | | |
|--|-----------------------|-----------------------|
| Putting of watch/ring/bracelet/etc. | <input type="radio"/> | <input type="radio"/> |
| Washing hands with soap | <input type="radio"/> | <input type="radio"/> |
| Hands dried | <input type="radio"/> | <input type="radio"/> |
| Hand disinfection with alcohol based disinfectant (3min) | <input type="radio"/> | <input type="radio"/> |
| Putting on steril coat | <input type="radio"/> | <input type="radio"/> |
| Coat closed on the back | <input type="radio"/> | <input type="radio"/> |
| Putting on steril gloves | <input type="radio"/> | <input type="radio"/> |
| Returning the coats checkcard | <input type="radio"/> | <input type="radio"/> |

Preparation of the patient:

- | | | |
|---|-----------------------|-----------------------|
| Patients skin dried | <input type="radio"/> | <input type="radio"/> |
| Full steril draping in place (including borders of the bed) | <input type="radio"/> | <input type="radio"/> |

Meta-data:

Date: 05/03/12
Starting time: 03:40
Physician: [Redacted]

Finishing time: 03:50
Assisting person: [Redacted]

Signature _____

Signature _____