

**CENTRAL VENOUS CATHETER  
INSERTION CHECKLIST**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Start Time (military):\_\_\_\_\_

Name(s) of physician operator and assistants:  
\_\_\_\_\_

Before the procedure, monitor for operator & assistants:

	yes	corrective action taken (specify)
Central Line Cart brought to designated area	<input type="checkbox"/>	<input type="checkbox"/> _____
Time Out performed	<input type="checkbox"/>	<input type="checkbox"/> _____
Hands sanitized	<input type="checkbox"/>	<input type="checkbox"/> _____
Site prepared with Chloraprep (use povidone-iodine for those allergic to chlorhexidine)	<input type="checkbox"/>	<input type="checkbox"/> _____
Patient draped	<input type="checkbox"/>	<input type="checkbox"/> _____

Throughout the procedure, monitor for operator & assistants:

Sterile gloves worn & sterility of hands and equipment maintained	<input type="checkbox"/>	<input type="checkbox"/> _____
Hat, mask and sterile gown worn	<input type="checkbox"/>	<input type="checkbox"/> _____
Sterile field maintained	<input type="checkbox"/>	<input type="checkbox"/> _____

Insertion site: (check one)

- SC   
 IJ   
 Femoral   
 Other \_\_\_\_\_

Device type: (check one)

- Triple lumen   
 Hemodialysis   
 Introducer   
 PICC   
 Other \_\_\_\_\_

Stop Time (military):\_\_\_\_\_ (defined as exit site covered with dressing)

After the procedure:

	ordered	not required (femoral lines)
X-ray ordered	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature and credentials

\_\_\_\_\_  
Date

Above guidelines are recommended practice but do not supersede physician professional judgment.

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Source: Tufts Medical Center, Boston.