### CENTRAL LINE INFECTION PREVENTION CHECK LIST

**Goal:** To decrease patient harm from catheter-related blood stream infections

**Who:** An operator & a monitor

**What:** Assure compliance with and documentation of checklist elements

**Where:** At the site of the procedure

**When:** During all central venous line insertions or rewires

**How:** The monitor verifies that the steps have occurred, immediately informs the operator/ supervisor of deviations, & completes the checklist

### Roles:

- **Operator:** the clinician placing the central line
- **Supervisor:** an experienced operator who is involved in training the operator in central line placement
- **Monitor:** an individual who is qualified to observe the procedure and watch for breaks in sterile technique. If a break in sterile technique is observed, the monitor asks the operator to repeat a portion of the procedure after correcting the observed break.

Please identify a monitor for this line placement prior to the time out.

### Procedure Planning

<table>
<thead>
<tr>
<th>Line Insertion Site:</th>
<th>Subclavian</th>
<th>Internal Jugular</th>
<th>Femoral</th>
<th>PICC</th>
<th>UA/UV</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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<td>No</td>
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- Emergent placement
- Timeout documented separately
- Consent documented separately

If there is a deviation in any of the critical steps, immediately notify the operator and stop the procedure until corrected. If the step is completed properly, check the “Yes” box. If the step is not completed properly, check the “No” box and note the issue in the “Comments/Reason” section. Contact the Attending if any item on the checklist is not adhered to or with any concerns.

### Critical Step for Line Insertion

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Comments/Reason</th>
</tr>
</thead>
</table>

**Before the procedure, the operator will:**

- Confirm hand sanitizing (Cal Stat) or antimicrobial soap immediately prior
- Disinfect procedure site (chlorhexidine) using a back & forth friction scrub for 30 seconds. In patients < 2 months of age, use povidone iodine instead of chlorhexidine.
- Allow site to dry for 30 seconds
- Operator(s): hat, mask, sterile gown/gloves, eye protection
- Assistant/Monitor: hat, mask & standard precautions (if at risk for entering sterile field use sterile gown/gloves)
- Use sterile technique to drape from head to toe; Pediatrics use judgment to determine extent of draping.

**During the procedure, the operator will:**

- Maintain a sterile field
- Limit needle stick attempts to <=3 per operator
- Confirm that the wire is in the vein prior to dilation using ultrasound or manometry
- Flush and cap line before removal of drapes

**After the procedure, the operator will:**

- Confirm that guidewire has been removed and is intact
- Remove blood with antiseptic agent (chlorhexidine), if present. Use sterile water/saline for infants <2 mos. Place Biopatch around catheter at insertion site before placement of sterile dressing (exclusions pre-term and infants < 2 mos., tunneled dialysis catheters).
- Apply appropriate (green = all “yes”, red = 1 or more “no”) dated sticker on patient’s line

<table>
<thead>
<tr>
<th>Date &amp; Time:</th>
<th>Unit:</th>
<th>Operator:</th>
<th>MD/RN</th>
<th>Monitor:</th>
<th>Credentials</th>
</tr>
</thead>
</table>

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