



Central Access Procedure Checklist

Documentation Tool for Safe Procedural Practice

Indication
<input type="checkbox"/> Hemodynamic instability requiring vasopressor support
<input type="checkbox"/> Need to instill hyperosmolar agents or agents known to cause vein scarring (phleboscclerosis)
<input type="checkbox"/> Inadequate peripheral access or failure to obtain peripheral access
<input type="checkbox"/> Hemodialysis, ultrafiltration, or plasmapheresis
<input type="checkbox"/> Advanced hemodynamic monitoring (Swan Ganz catheter)

Procedure type	Catheter type	Location
<input type="checkbox"/> Emergent	<input type="checkbox"/> Central line	<input type="checkbox"/> Subclavian
<input type="checkbox"/> Elective	<input type="checkbox"/> Dialysis catheter	<input type="checkbox"/> Internal jugular
<input type="checkbox"/> Re-wire/re-position	<input type="checkbox"/> PICC line	<input type="checkbox"/> Femoral, specify reason:
	<input type="checkbox"/> Swan Ganz Catheter	_____

Procedure Checklist				
		Yes	Yes (after a reminder)	No
Time out	Verify patient's ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Announce procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Assess site with US	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Position patient correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Verify supply/assemble equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hands Cleansing prior to procedure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Site preparation with ChloroPrep	30 seconds for dry site and 2 minutes for moist site (femoral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large drape to cover patient		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterile gloves		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hat, mask, and a sterile gown		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain sterility throughout the procedure		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound use when appropriate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterility of assistants (hand washing, mask, gloves and gown)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mask for all staff in room		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transparent dressing and use of sterile technique in applying dressing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician name _____

Assistant name _____

Nurse name _____

Date & Time _____