Logo, company name

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**ARTERIAL LINE PLACEMENT PROCEDURE NOTE**

**DATE/Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INDICATION:**

Hemodynamic instability requiring monitoring.

Frequent blood/ABG’s samples

**CONSENT:**

The procedure was discussed with the Choose an item., including the indications, risks, benefits, and alternatives. All questions were answered. Written consent that matched the planned procedure and the procedure site was obtained and placed in the chart.

The procedure was emergent, the patient was unable to provide consent, and a designee was not immediately available.

**TIME OUT:**

Patient’s ID was verified by confirming the patient’s wrist band for name, date of birth, and medical record number. The procedure was announced and everyone in the room was in agreement with the patient’s identity and the procedure to be performed.

**PRE-PROCEDURE DIAGNOSIS:** Choose an item.

**POST-PROCEDURE DIAGNOSIS:** Same

**PERFORMED BY:**

**ASSISTANT(S):** None

**LINE PLACEMENT SIDE:** Choose an item.

**LINE SITE LOCATION:** Choose an item.

**ULTRASOUND GUIDANCE:** Choose an item.

**CATHETER LENGTH**: Choose an item.

**ALLEN TEST**: Choose an item.

**PROCEDURE SUMMARY:**

The area was scanned with the ultrasound and appropriate vessel was located. Hands were cleaned with alcohol foam. The area was prepped using chlorhexidine scrub. Maximum barrier precautions were used with sterile technique including cap, mask, gloves, and large sterile drape. 1% lidocaine was infused subcutaneously for local anesthesia. Using Seldinger, the needle was inserted into the artery and arterial blood was seen to pulsate. The guidewire was advanced easily into the artery and the needle wasremoved. The catheter was then advanced over the wire and sutured in place. A sterile opsite was placed over the catheter at the insertion site. The patient tolerated the procedure without any hemodynamic compromise. At the time of procedure completion, the catheter was connected to the cardiac monitor and calibrated. Appropriate waveform and blood pressure tracing was observed.

The patient tolerated the procedure well without any hemodynamic compromise.

**MEDICATIONS DURING PROCEDURE**: None

**ESTIMATED BLOOD LOSS**: Less than 20 ml

**COMPLICATIONS**: None