Logo, company name

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**CENTRAL LINE PLACEMENT PROCEDURE NOTE**

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

**INDICATION:**

Hemodynamic instability requiring vasopressor support.

Need to instill hyperosmolar agents or agents causing phlebosclorosis.

Inadequate peripheral access or failure to obtain peripheral access.

**CONSENT:**

Given patient's intubation and sedation, the patient was unable to provide consent. The procedure was discussed with the patient's decision maker, 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

**LOCATION OF PROCEDURE**: Patient’s room

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

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

**ULTRASOUND GUIDANCE:** Choose an item.

**CATHETER TYPE**: Choose an item.

**CATHETER SIZE:** 12 French

**CATHETER LENGTH**: 16 cm

**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, sterile gown, gloves, and large sterile drape. 1% lidocaine was infused subcutaneously for local anesthesia. By using Seldinger technique, a large bore needle introduced into the vessel under direct ultrasound visualization with good venous blood return. Guidewire introduced through the needle and then the needle was withdrawn. A small incision was made at the skin surface with a scalpel and a dilator was introduced over the guidewire. After appropriate dilation was obtained, the dilator was exchanged over the wire for the central venous catheter and guidewire was removed. Venous blood return was obtained through each port and flushed with normal saline. The catheter was sutured in place.

The patient tolerated the procedure well without any hemodynamic compromise.

**MEDICATIONS DURING PROCEDURE**: None

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

**COMPLICATIONS**: None

**POST-PROCEDURE CHEST X-RAY**: Central line is in good position, no pneumothorax.