

MRN or Patient Label

Procedure Date:

Time:

Location of CVC insertion: ITU  HDU  Radiology  ED   Other: \_\_\_\_\_

Operator: \_\_\_\_\_

Grade of Operator:  Consultant  Specialist Registrar  Registrar  SHO

Operator's specialty:

EM  Anaesthesia/ICU  Medicine  Surgery  Other Please specify: \_\_\_\_\_

Assistant: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Procedure:

Emergency

Elective

Ultrasound guidance

New line  Guidewire exchange

Insertion Site:

Subclavian

Jugular

Femoral

Other

Position:

Right

Left

Catheter Type:

Triple lumen

Vas Cath

Arterial

Other

Lumens:

1

2

3

4

5

Catheter Coating:

Antibiotic

Antiseptic

None

Local Anaesthetic used:

Sedation used:

Number of skin punctures: 1  2  3   $\geq 4$

Number of needle passes: 1  2  3   $\geq 4$

Complications:

Malposition  Haemorrhage  Pneumothorax  Other \_\_\_\_\_

Additional comments: \_\_\_\_\_

This checklist is to be completed by an independent observer who should stop the procedure if a significant breach of aseptic technique is observed.

Hand hygiene Yes  No

Maximal barrier precautions\* Yes  No

Skin asepsis (Chlorhexidine 2% in alcohol (if compatible) & allowed to dry) Yes  No

Sterile technique maintained throughout procedure Yes  No

CVC secured and dressed with sterile, semipermeable transparent dressing Yes  No

Appropriate position of catheter radiologically confirmed Yes  No

Other method used to check placement (e.g., catheter transduced) Yes  No

*\*The operator (and supervisor) wore hat, mask sterile gown and sterile gloves and sterile drapes were placed to create a sterile operating field*

Operator signature

Observer signature