Central Venous Catheter insertion checklist in Critical Care
Please ensure you document LocSSIPs usage on EPR

Team:
- Trained personnel to insert line,
- Experienced assistant
- Staff introduce themselves by name and role

Patient:
  Confirmed correct patient
- Consent: informed or best interest, family aware.
- Procedure explained to patient.

Site Location:
Communicate chosen site for CVC catheter

Contraindications:
- Clotting and platelets
- Prescribed anticoagulation
- Previous vascular/neurosurgery i.e. grafts, stents, V.P.or V.A. shunt, pacing wires.
- Allergy to chlorhexidine, lignocaine, Sulphur antibiotics

Equipment:
- Line insertion pack
- CVC line
- Suture
- Lignocaine (if required)
- Sterile gloves
- Chloraprep
- Sodium chloride flush
- Ultrasound machine
- Sterile probe cover and gel
- CHG dressing
- Absorbent pad

Time out - Just before the procedure, ensure that:

Team:
- Availability of assistant throughout the procedure.

Site Location:
-   Perform a cursory ultrasound examination of the chosen location

Equipment:
- Ensure excellent aseptic technique
- All equipment is at hand

Patient, assess:
- Oxygenation: target SaO2 achieved
- Sedation (if required),
- CV support i.e. fluids, metaraminol

Safety precautions throughout procedure:

Utilise US guidance throughout to:
- Locate vessel
- Confirm real time vessel puncture
- Confirm guide wire location pre dilatation.
- Aseptic technique

- Monitor ECG when inserting guide wire (if applicable).
- Ensure guide wire is removed once the line is in place.
- Monitor patient for acute deterioration

Post procedure:

Attach CVC to transducer:
- Confirm waveform is venous
- Dispose of sharps safely
- Check flush fluid is correct and labelled

- Check all caps are in place
- Check patient observations
- Reposition patient
- Communicate ongoing management, i.e. fluids, vasopressors.

- Order and review chest x-ray (if required)
- Document insertion, recording use of LocSSIP

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