**UC/VA Internal Medicine Checklist for CVC insertion.**

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| --- | --- | --- |
| Step | Yes | No |
| Obtains informed Consent |  |  |
| Patient placed on cardiac/oxygen monitoring |  |  |
| Positions Patient appropriately (Mild Trendelenburg for IJ, supine for subclavian and femoral) |  |  |
| The vein is identified using a linear probe on a portable ultrasound machine |  |  |
| Calls “time out” |  |  |
| **Washes hands with soap and water or hand sanitizer** |  |  |
| **Resident gets in sterile gown, gloves, hat and mask** |  |  |
| Flush the ports on the catheter with sterile saline |  |  |
| Cap each port (keep brown port open |  |  |
| **Area is cleaned with chlorhexidine (30 second scrub recommended, 2 min for femoral)** |  |  |
| **Area is draped in usual sterile fashion (must be full body drape)** |  |  |
| Ultrasound probe is placed in sterile probe cover with sterile aspect of cover placed on patient running caudally. |  |  |
| The vein is re-identified using a linear probe on a portable ultrasound machine |  |  |
| Lidocaine drawn up and infused superficially near cannulation site |  |  |
| Deeper structures anesthetized with aspiration prior to injection of lidocaine |  |  |
| **Using the large needle or catheter-syringe complex, cannulate the vein while aspirating** |  |  |
| Remove the syringe from the needle (or use blue syringe with port in plunger) |  |  |
| Advance the guidewire into the vein approximately 15 cm for RIJ, 20 cm for LIJ, subclavian and femoral) |  |  |
| Notes observation of cardiac monitor for ventricular ectopy |  |  |
| Remove needle from patient while holding guidewire with gauze |  |  |
| **Confirmation of venous placement PRIOR to dilation of vein by ultrasound** |  |  |
| Skin nick with the scalpel prior to dilation |  |  |
| Advance dilator over the guidewire and insert at least half the length prior to removal |  |  |
| Advance the triple lumen over the guidewire |  |  |
| **Never let go of the guidewire** |  |  |
| Once the catheter is inserted remove the guidewire in its entirety |  |  |
| Advance the catheter to approx 14-16 cm on the right side (20 cm other sites) |  |  |
| Ensure there is blood flow/flush each port |  |  |
| Suture catheter in place |  |  |
| Placement of biopatch (or CHG-infused dressing) |  |  |
| Apply sterile dressing |  |  |
| **Maintain sterile technique** |  |  |
| CXR ordered to confirm placement (except In femoral lines) |  |  |
|  | | |
| **Total score** |  | |
| **Minimum passing score** | 25 | |
| **Total possible** | 33 | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| How well do you trust the resident to perform the above procedure? | | | | |
| Resident cannot perform the procedure even with supervision (Critical Deficiency) | Resident can perform the procedure under DIRECT supervision | Resident can perform the procedure under INDIRECT supervision | Resident can perform this procedure with NO supervision | Resident can act as an instructor/supervisor for this procedure (Aspirational) |
|  |  |  |  |  |

**Bold signifies critical elements of the procedure that is checked a ‘no’, procedure failure will automatically result**

*Italics signifies elements of the procedure that subject will have to verbalize rather than perform, this is a limitation of the simulated environment*