


# CENTRAL (CVC) AND UMBILICAL (UVC) VENOUS CATHETER AND VASCATH INSERTION

<b>SIGN IN</b> <i>To be completed by the individual conducting the procedure prior to scrubbing</i>	<b>TIME OUT</b> <i>To be read out loud by the assistant before invasive part of procedure is commenced</i>	<b>SIGN OUT</b> <i>To be read out loud by the assistant before anyone leaves the procedural area</i>
<input type="checkbox"/> <b>Confirm all individuals have introduced themselves.</b> <input type="checkbox"/> <b>Confirm patient identity and procedure.</b>	<input type="checkbox"/> <b>Confirm the operator is wearing hat, gown, mask and gloves after scrubbing.</b>	<b>Number of central line packs used:</b> <i>Note: if &gt;1 pack used, check for multiple guidewires.</i>
<b>Clinical setting:</b> <input type="checkbox"/> Elective <input type="checkbox"/> Emergency	<b>Skin cleaned with 2% Chlorhexidine in 70% alcohol?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, give reason:	<b>Confirm:</b> <input type="checkbox"/> Guidewire/s removed (should be witnessed by assistant). <input type="checkbox"/> Operator disposes all sharps safely. <input type="checkbox"/> All lumens aspirated and flushed. <input type="checkbox"/> Caps/needle free connectors placed on all lumens.
<b>Check consent:</b> <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Unable, document best interest decision.	<b>Confirm:</b> <input type="checkbox"/> Sterile drapes in place. <input type="checkbox"/> Sign on the door/screen to prevent interruptions.	
<b>Does the patient have a known allergy?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		
<b>Clotting results reviewed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> Not available and emergency situation. Need for platelet or FFP cover? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<b>Ultrasound with sterile sheath being used?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, give reason:	<input type="checkbox"/> <b>Line secured with sutures through hub and movable fixation wing (if applicable).</b>
<input type="checkbox"/> <b>Confirm optimum insertion site selected (inspection and/or ultrasound).</b> If femoral, explain:		<b>Confirm:</b> <input type="checkbox"/> Tegaderm CHG (or equivalent) dressing applied. <input type="checkbox"/> Documentation/pathway initiated.
<b>Appropriate staff available:</b> <input type="checkbox"/> Trained operator <b>OR</b> <input type="checkbox"/> Supervised <input type="checkbox"/> Trained assistant present.	<b>Plans to confirm venous placement of access needle/cannula or guidewire before dilatation:</b> <input type="checkbox"/> Ultrasound. <input type="checkbox"/> Transducer. <input type="checkbox"/> Blood gas.	<b>X-ray requested?</b> <input type="checkbox"/> Chest <input type="checkbox"/> Abdominal <input type="checkbox"/> N/A (e.g. femoral insertion).
<b>Confirm:</b> <input type="checkbox"/> Monitoring in place especially ECG. <input type="checkbox"/> All equipment available including ultrasound (if applicable). <input type="checkbox"/> Patient positioned appropriately.		<b>Confirm catheter is intravenous:</b> <input type="checkbox"/> Transduced. <input type="checkbox"/> Blood gas. <input type="checkbox"/> Other, specify:
<b>AFFIX BAR CODED PATIENT LABEL HERE</b>	<b><u>Signature and printed name</u></b>  Operator: _____ Date: _____ Assistant: _____ Time: _____ Supervisor (if present): _____ Location: _____	Specialty Documents 

# CENTRAL (CVC) AND UMBILICAL (UVC) VENOUS CATHETER AND VASCATH INSERTION

This LocSSIP applies to all CVC, UVC and Vascath insertions undertaken in CDDFT.

## **Must-do procedural steps**

1. To ensure compliance with best practice:
  - a. CDDFT's CVC, UVC and Vascath insertion pathway and procedural checklist **must** be used.
  - b. The *operator* **must** dispose of all sharps before leaving the procedural area.
  
2. To eliminate the risk of guidewire retention (**A NEVER EVENT**):
  - a. When the needle, dilatator or catheter is being inserted or manipulated, part of the guidewire, if present, **must** be visible and held by the individual performing the procedure.
  - b. Confirmation of guidewire removal **must** take place and be recorded at the SIGN OUT.
  
3. To reduce the risk of catheter-related infections:
  - a. A catheter with the minimum number of lumens for the intended purpose **must** be used.
  - b. The insertion site **must** be cleaned with 2% chloraprep in 70% alcohol. Sterile drapes and a sterile ultrasound probe sheath **must** be used.
  - c. The operator **must** fully 'scrub' and **must** be wearing a hat, gown, mask and sterile gloves throughout the procedure.
  - d. Needle-free connectors **must** be placed on all catheter lumens.
  - e. A Tegaderm CHG dressing **must** cover the catheter at the insertion site.
  
4. To reduce the risk of arterial puncture and other sources of bleeding (excludes UVC):
  - a. Unless time precludes, blood results **must** be checked and abnormalities in clotting corrected if indicated.
  - b. Unless clinical urgency precludes, an ultrasound guided method **must** be used to visualise the vascular structures, needle, guidewire and catheter position.
  
5. To reduce the risk of unrecognised cardiac arrhythmias:
  - a. Continuous ECG monitoring **must** be undertaken during insertion.
  
6. To minimise the risk of the CVC, UVC or Vascath being accidentally dislodged:
  - a. The device **must** be secured to the patient using all available suture points.

Associated guidelines:

- GUID/N&Q/0040 Guideline for the Management of Central Lines (Adult) v5.0, December 2015.
- Care Group Area LocSSIPs describing all NatSSIP principals which apply to this invasive procedure and checklist.
- Neonatal Procedures: Insertion of Umbilical Venous Catheters, CDDFT 2013.