

Facility:

D.O.B. ____ / ____ / ____ M.O.

CENTRAL VENOUS LINE INSERTION RECORD

ADDRESS

LOCATION / Ward

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date ____ / ____ / ____ Time ____:____:____ Elective Emergency Rewiring

Patient:
 Consent Time Out Coags Pacemaker
 ICU/HDU OT ED Radiology Other: _____
 Local Sedation GA Monitoring: ECG SpO₂ BP CO₂

Neonate: Weight: _____
 Gestational age: _____

Asepsis:
 Hat, mask, protective eyewear Hands washed 2 min Sterile gloves and gown
 Prep: alcoholic chlorhex / _____ Full sterile draping Asepsis maintained throughout

**INSERTION SHOULD
STOP IF ASEPSIS
IS BREACHED**

Catheter:
 Right Left Subclavian IJ EJ Femoral Basilic Cephalic Umbilical Long Saph
 Lumens: _____ CVC PICC Vascath Other type / site: _____
 Brand: _____ Coating: Antibiotic Antiseptic Gauge: _____ Catheter Length: _____ cm
 No. of passes: _____ Image Int Ultrasound Depth inserted from skin: _____ cm

Venous placement confirmed: Manometry Ultrasound Transducer Other _____ Before Dilation

Guidewire removed intact Independently Confirmed

Complications: Nil Art Puncture Haematoma Pneumothorax Re-position

Notes:

PICCs only: Stiffener removed intact Independently Confirmed: Mid-upper limb circumference _____ cm

Final Tip position: _____

Confirmed by: CXR Image Int Name _____ Pager _____

Proceduralist:
 (name)
 Sign: _____ Pager: _____
 Date: _____
 Specialist / Fell / Reg / RMO / NP / RN

Removal: Date: ____ / ____ / 20____
 Authorised by: _____
 Reason: _____
 Local sepsis? Yes No Tip Cultured: Yes No

Assistant:
 (name)
 Sign: _____ Date: _____
 Specialist / Fell / Reg / RMO / NP / RN / EN / Technician

Removed By:
 (name)
 Sign: _____ Pager: _____
 Date: _____
 Specialist / Fell / Reg / RMO / NP / RN

Supervisor:
 (name)
 Sign: _____ Pager: _____
 Date: _____
 Specialist / Fell / Reg / RMO / NP / RN

CLAB Detected: Yes No
 If Yes, date of positive blood culture: ____ / ____ / 20____
 Isolate _____



BINDING MARGIN - NO WRITING

NH606515 260312

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