

## **INSERTION CHECKLIST: CENTRAL LINE**

Name:		IP Number:	
Date:		Time:	
	Print	Sign	Designation
Inserted by (Operator):			
Assisted by:			
Checklist completed by:			
Reason for insertion:			
Site/Type of line:		Gauge of catheter/s:	
Length/s inserted:		No. of insertion attempts made?	
Any resistance encountered?		Aspirates blood/flushes easily?	
Position on X-Ray:		Repositioned? Details:	
Verified by consultant:			
Removed- Date:		Time:	
Removed by:			
Reason for removal:		Removed intact?	

NB. To be completed for every central line inserted. Observer/assistant <u>must</u> prompt the Operator if any step has been omitted and STOP the procedure if any break in IPC measures is noted.									
Com	pliant	✓	Compliant after prompt	-	Procedure stopped	*	1	applicable	NA
NO.		I	II	DICATOR		I		ASESS	MENT
Prepar	ed Moth	ner:							
1.	Comm	unicated wit	h and obtained informe	d consent fro	m mother				
Prepar	ed baby	:							
2.	Hand h	nygiene perfo	ormed						
3.	Identif	ied baby-che	ecked ID band information	on					
4.	Pain relief (sucrose, swaddling and dummy) provided								
5.	Baby correctly positioned, insertion sites palpated & insertion distance calculated								
6.	Hand hygiene performed								
Prepar	ed trolle	ey:							
7.	Design	ated trolley	cleaned and covered wit	h sterile dra	be				
8.	Sterile	neonatal pro	ocedure pack opened an	d sterile item	ns opened onto it				
Prepar	ed for st	erile proced	ure:						
9.	Cap, m	nask, sterile g	own and gloves donned						
10.	Sterile	procedure h	and wash performed						
Proced	lure:								
11.	Skin (a	nd cord if un	nbilical catheter) cleane	d for 30 seco	nds with chlorhexidin	e 0.5% in 70	)%		
	isopropyl alcohol, using a back and forth motion (Not wiped or blotted)								
12.	Allowed to dry for 2 minutes								
13.	Sterile	fenestrated	drape used to cover bat	ру					
14.	Sterile	field maintai	ined during procedure						
15.	If proc	edure taking	>20 minutes-stopped o	r operator ch	anged				
16.	Flushed clotless connector attached, catheter flushed, fluids connected & infusion commenced								
17.	Inserti	on site clean	ed with chlorhexidine 0.	5% in 70% is	opropyl alcohol post p	procedure			
18.	Sterile transparent dressing (or appropriate strapping) applied								
19.	Sterile	drape remo	ved and PPE doffed						
20.	Hand h	nygiene perfo	ormed						
21.	Procedure recorded in clinical record								
If Proc	edure st	opped-Reaso	on/s						

After P	After Procedure If, following X-Ray, line needs to be repositioned:			
22.	Hand hygiene performed			
23.	Sterile gown and double sterile gloves donned			
24.	Dressing removed and outer gloves doffed			
25.	Line pulled back as required. <b>NB</b> Line must not be disconnected.			
26.	Skin re-cleaned and dressed			
27.	Inner gloves/ gown doffed and hand hygiene performed			

Removal of line			
28.	Hand hygiene performed		
29.	Infusion discontinued (Line sealed with a cap/ knotted)		
30.	Dressing/strapping removed		
31.	Hand hygiene performed		
32.	Sterile gloves donned		
33.	Insertion site and catheter supported with sterile gauze		
34.	Catheter slowly withdrawn (For umbilical arterial line- should be withdrawn to +/- 5cm and		
	then withdrawn by 1cm/hr)		
35.	Sterile transparent dressing applied (not for umbilical) once bleeding has stopped		
36.	Catheter inspected to ensure it is intact		
37.	Gloves doffed and hand hygiene performed		