Addressograph Label

UCSD 100,000 Lives Campaign
Central Line Insertion Form
Send to Infection Control/Epidemiology MC 8951

Placement Date: ___ ___ / ___ ___ / ___ ___ ___ ___

Placement Time: ___ ___ : ___ ___ (00:00 to 23:59) **Service**: _____

Location: 10 ICU SICU BICU TICU ED Other:_____

A. **Type of Procedure**: New Line Placement Change of line over guidewire

B. **Reason for Insertion**: New Indication Replace Malfunctioning Catheter
Elective Emergent

C. **Catheter Type**: Dialysis Central Venous PICC Pulmonary Artery

D. **Insertion Site**: **(PREFERRED SITE)** Subclavian: R L Femoral: R L Jugular: R L

E. **Name of MD who placed line** _____

F. **Designation of MD (Resident, Attending, Fellow, etc.)** _____

	Standard Work Before, During and After Procedures		Yes	Yes (After reminder)	No
Procedure Prep	Confirm that hand hygiene was done by all persons in the room (Ask if unsure)				
	Prep Procedure Site:	Chloraprep applicator used			
		Do 30 second scrub **and** use ~ 2 minute dry time			
During Procedure	Wear Sterile Gloves, Hat, mask with eye shield and sterile gown **(all must be worn)**	Procedure provider			
		Procedure Assistant (s)			
	Ultrasound used?				
	Use maximum sterile barrier precautions and mask on patient to protect the sterile field?				
	Was Sterile Field maintained?				
After Procedure	Was Sterile technique maintained when applying the dressing?				
	Was the dressing dated?				

Signature of Assistant_____