

Asepsis Care Bundle Procedure Checklist

**This checklist should be completed by an observer.
The procedure must be stopped if any elements of this checklist are not followed***

PATIENT LABEL

Date:	Time:
Procedure:	
Operator:	
Observer:	

Before the procedure

**Yes No Observer
signature**

1	Correct patient identified	<input type="checkbox"/>	<input type="checkbox"/>	
2	Required equipment gathered	<input type="checkbox"/>	<input type="checkbox"/>	
3	Designated trolley cleaned	<input type="checkbox"/>	<input type="checkbox"/>	
4	Hat & mask worn by operator (& supervisor where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
5	Hands decontaminated with soap and water	<input type="checkbox"/>	<input type="checkbox"/>	
6	Sterile gown and gloves worn by operator (& supervisor where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	

During the procedure

7	Chloraprep used for skin preparation and allowed to dry for 30 seconds	<input type="checkbox"/>	<input type="checkbox"/>	
8	Sterile 0.9% sodium chloride solution used to wipe the area where Chloraprep was used (if appropriate)	<input type="checkbox"/>	<input type="checkbox"/>	
9	Skin preparation items cleared from the trolley	<input type="checkbox"/>	<input type="checkbox"/>	
10	Sterile drapes used to cover infant	<input type="checkbox"/>	<input type="checkbox"/>	
11	Sterile field maintained	<input type="checkbox"/>	<input type="checkbox"/>	

After the procedure

12	Sterile dressing used after fixation	<input type="checkbox"/>	<input type="checkbox"/>	
13	Sharps (needles/guide wire) removed from the area	<input type="checkbox"/>	<input type="checkbox"/>	
14	Hands decontaminated after removal of gloves	<input type="checkbox"/>	<input type="checkbox"/>	

Procedure stopped* - comments:

Datix completed (if procedure stopped or serious adverse event): Yes No

Procedure Record

(To be completed by the operator)

PATIENT LABEL

Date:	Time:
Procedure:	
Umbilical venous catheter	<input type="checkbox"/>
Umbilical arterial catheter	<input type="checkbox"/>
Percutaneous long line	<input type="checkbox"/>
Chest drain	<input type="checkbox"/>
Operator:	
Checker:	

Device Sticker

Device details (catheter size, drain type/size)		
Entry site (including side)	Patient ID checked: Yes <input type="checkbox"/> No <input type="checkbox"/> Second checker of drain insertion side: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Equipment identified and checked	Yes <input type="checkbox"/> No <input type="checkbox"/> Entry/contact end of device checked: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Length inserted		
Any other comments (analgesia, use of contrast, removal of guidewires etc)		
<u>Operator review of line</u> Name Date and time:	Position of the tip	Line adjusted Yes <input type="checkbox"/> No <input type="checkbox"/> New position:
<u>Consultant review of line</u> Name Date and time:	Position of the tip	Line adjusted Yes <input type="checkbox"/> No <input type="checkbox"/> New position:

Date line removed		
Reason for removal Any additional comments	Signature	
Tip sent	Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify if any growth of microorganisms:	