

Name:
Date of birth:
Hospital no:
NHS no:
Please affix patient label

Consultant : .....

NICU Central Line Insertion Documentation					
<b>INSERTION DETAILS</b>	Date inserted		Time inserted		
	Type of line (circle type)	UAC / UVC / LL / Other			
	Manufacturer		(Place batch sticker here if available)		
	Product code				
	Size	Length .....	Gauge .....	No. of lumens	
	Site of insertion		No. of attempts		
	Length inserted		cm	Securely fixed?	Yes / No
	Aspirates blood / flushes easily		Any resistance encountered?		Yes / No
	Central line insertion checklist completed on reverse of this sheet? (MANDATORY)				Yes / No
	Complications				
	Inserted by	Name Designation	Signature		
	X-Ray position acceptable?	Yes / No Position.....	Sign if ok to use	Name Signature	
	Guide wire removed	Yes / Not applicable		Name Signature	
	Line repositioned? (details)		Signature	Name Signature	
	Verified by consultant with 24 hours?		Yes / No	Name	
<b>REMOVAL</b>	Date and time removed		Removed intact?	Yes / No	
	Reason for removal				
	Removed by	Name Designation	Signature		

Place patient  
sticker here

## Neonatal CVC Insertion Checklist

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

Baby's Name:		Baby's Unit No:	
Procedure:	Date:	Time:	
Operator/s:	Grade(s):	Assistant/observer(s):	

**Before the procedure**

**Yes No N/A**

1	Required equipment gathered.	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Measure line insertion distance, prepare and position baby.	<input type="checkbox"/>	<input type="checkbox"/>	
2	Designated trolley cleaned.	<input type="checkbox"/>	<input type="checkbox"/>	
3	Hat & mask worn by operator.	<input type="checkbox"/>	<input type="checkbox"/>	
4	Hands washed by operator (Hibiscrub used).	<input type="checkbox"/>	<input type="checkbox"/>	
5	Sterile gown and gloves worn by operator.	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Drape trolley with large blue sterile towel.	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Observer (non-sterile) opens sterile packs & equipment on to sterile green towel.	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Operator opens sterile procedure pack & cuts a hole in sterile paper towel.	<input type="checkbox"/>	<input type="checkbox"/>	
9.	If observer required to assist then hat & mask worn, hands washed with Hibiscrub, sterile gown and gloves worn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**During the procedure**

**Yes No N/A**

10	Use 0.05% Chlorhexidine for skin prep and allow to dry for 30 seconds. (Ensure fluid does not pool beneath infant).	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Use a large sterile drape to cover infant.	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Sterile field maintained.	<input type="checkbox"/>	<input type="checkbox"/>	
13.	<b>If procedure takes longer than 20 minutes, it should be stopped and/or someone else should take over</b>			
14.	Blood samples taken (if appropriate), homeostasis obtained & line secured using appropriate method (sterile Tegaderm for long lines).	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Fluids connected by sterile operator & infusion commenced.	<input type="checkbox"/>	<input type="checkbox"/>	
16.	Remove sterile drape prior to X-ray	<input type="checkbox"/>	<input type="checkbox"/>	

**After the procedure**

**Yes No N/A**

17.	X-ray performed and reviewed	<input type="checkbox"/>	<input type="checkbox"/>	
18(a)	If adjustment of line position required, wash hands, sterile gown and double sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18(b)	To adjust: remove dressing or attachment, then remove outer sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18(c)	Pull back line, to required position, then re-secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Decontaminate hands after removal of gloves (Wash/Gel)	<input type="checkbox"/>	<input type="checkbox"/>	

**Procedure stopped - Comments:**