UNIVERSITY OF VIRGINIA HEALTH SYSTEM

0500002

PLACE LABEL HERE.

July 2009
FORM NO. 000202

IF LABEL NOT AVAILABLE, WRITE IN PT NAME & MR#

PROCEDURE NOTE (Non-Tunneled Central Line Insertion)

Date of Procedure _____ Time _____ (Military Time)

Was line placement Emergent?	☐ Yes	☐ No
Consent Obtained?	☐ Yes	☐ No
Time-Out Performed?	☐ Yes	☐ No
Sterile Technique Used?	☐ Yes	☐ No

Diagnosis/Indications for central line:
☐ Poor PIV access ☐ Central Access ☐ CVP Monitoring
Other: _____

Sedation/Analgesia Provided: ☐ None ☐ Local anesthetic only ☐ See anesthetic record
☐ See sedation/nursing flowsheet (Form #000225)

Type of Catheter:
☐ Multiple Access Catheter (MAC) ☐ Triple Lumen ☐ Double Lumen ☐ Single Lumen
☐ PICC (preferred) ☐ Midline ☐ Pulm Art Catheter ☐ Dialysis Catheter
☐ Companion (Buddy) ☐ Other: _____

Insertion Site:
☐ Subclavian (Preferred for Central Lines) ☐ Internal Jugular ☐ External Jugular ☐ Basilic ☐ Femoral

Site Distinction
☐ Left
☐ Right

Reason (if other than Subclavian):
☐ Dialysis Patient ☐ Potential for Dialysis ☐ Subclavian not accessible ☐ Occlusion
☐ Surgical Site ☐ Skin Integrity ☐ Other: _____

Type of Placement:
☐ New Site Puncture
☐ Guidewire Exchange
Reason for Guidewire Exchange: _____
_____

Number of sites Attempted: _____
If more than 1, list locations attempted:

Position of Catheter Tip Confirmed by: ☐ CXR/AXR ☐ Pressure ☐ Venous PO2 ☐ Not Applicable
☐ Other: _____

Ultrasound used to guide procedure? ☐ Yes ☐ No
Sterile Protective Sleeve used on Ultrasound? ☐ Yes ☐ No

Guidewire removed? ☐ Yes ☐ No
Guidewire intact? ☐ Yes ☐ No

Insertion Complications: ☐ None Estimated Blood Loss _____
☐ Arrhythmia ☐ Pneumothorax ☐ Unintended Arterial Puncture ☐ Wire Retention
☐ Other:_____
_____

Comments/Subsequent Treatment:

Inserting Clinician: _____ PIC#_____ Date _____ Time _____

☐ I was there for the entire procedure.
☐ I was not present for the procedure but participated in the decision making to proceed with the procedure.
Attending Note:

Attending Physician: _____ PIC#_____ Date _____ Time _____