



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



ICU LocSSIP: non-tunnelled CVC

Minimum 2 person Team

TIME & DATE:

OPERATOR & GRADE:

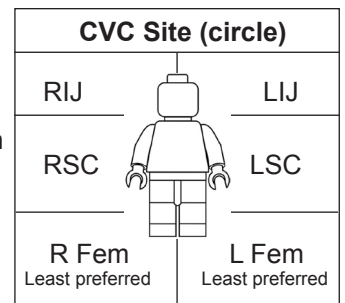
ASSISTANT & GRADE:

ADDITIONAL STAFF (inc SUPERVISION):

Patient ID sticker

TEAM CHECKS BEFORE

- Patient ID confirmed? Yes
- Consent? (circle) Verbal consent / best interests decision / other
- Indication? (specify)
- Correct Line available / Correct length available? (circle) Quadlumen CVC / VasCath
- Correct Length? cm
- Mandatory assistant present +/- direct supervision available Yes
- All equipment and monitoring present including US & sterile probe cover? Yes
- ALLERGIES, CLOTTING & PLATELET LEVELS CHECKED Yes



ASSISTANT TO READ TIME OUT!

- All team members ID'd & roles assigned? Yes
- Patient position optimised & excess hair removed with clippers? For good dressing.. No, see free text ... Yes
- Skin cleaned with 2% chlorhexidine (allow to dry) & sterile field (drape) in place Yes
- Operator: hat and mask & has washed hands with anti-septic soap prior gowning and gloving? Yes
- Any concerns raised by team members? Yes discussed, see free text No

OPERATOR DURING PROCEDURE

- Anatomy confirmed using landmarks and USS? Yes
- Details of local anaesthetic used: None Lignocaine _____ % _____ ml
- Needle directly visualised on US? Yes
- 1st venous gas sample obtained (optional)? spO₂ %
- MANDATORY CHECK 1: Guidewire seen in long axis of vein on US?** Yes
- Blood cultures taken from new CVC if indicated Yes No
- Sterile field maintained? No see free text Yes

TEAM SIGN OUT

- MANDATORY CHECK 2: GUIDEWIRE REMOVED (2 PERSON CHECK TO AVOID NEVER EVENT)** Yes
- Injection site caps fitted using sterile technique? Yes
- Length of line measured at skin cm
- MANDATORY CHECK 3: Venous gas obtained from CVC?** SaO₂ %
- MANDATORY CHECK 4: All ports flush and aspirate easily?** Yes
- Line sutured securely & sterile dressing applied by operator? Yes
- MANDATORY CHECK 5: Venous waveform seen on transduction of proximal & distal ports?** Yes
- MANDATORY CHECK 6: (UPPER TORSO LINES ONLY): CXR requested?** Yes

APPROVAL FOR EMERGENCY USE. Upper torso lines, checks 1-5 OK, benefit > risk, 2 hour max awaiting CXR?

Signature / PRINT:
Time / Date:

APPROVAL FOR ROUTINE USE. Femoral lines checks 1-5 OK, upper torso lines checks 1-6 OK. Report CXR overleaf.

Signature / PRINT:
Time / Date:

CVC

Chest X Ray report (upper torso lines):

Ideal CVC tip position is level of carina / T4, not abutting vessel wall. Check for pneumothorax.

Free Text (protocol deviations, failed attempts, complications etc):

Ideal Fixation, get it right first time

Insertion site should be:

Free of hair
Dry

Decontaminated with CHX
Clean / blood free

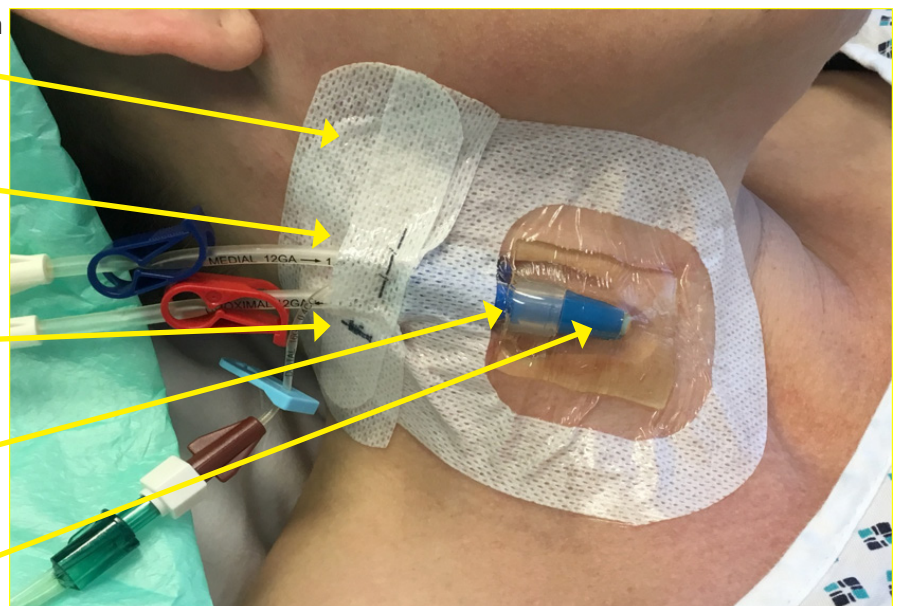
Extra secure fixation
tab over wings of
dressing at back

Dressing wings
overlap at back

Date label

Vascath, 2 sutures
CVC, 4 sutures

CHG gel pad over
the insertion site
and sutures



CVC