



Central Line Procedural Checklist

OPTIO Label

Type of Catheter			
• Central Line	Location:	_____	
• PICC Line	Location:	_____	
• Dialysis Catheter	Location:	_____	
• PA Catheter	Location:	_____	
Is this a new line	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Re-wire <input type="checkbox"/> Re-position
Was the procedure	<input type="checkbox"/> Elective	<input type="checkbox"/> Emergent	<input type="checkbox"/> Other
Was ultrasound used	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Available

Procedural Checklist	Yes	Yes After Reminder	No
Before Procedure Began			
Hand Hygiene			
Preparation of Area with Chloro Prep 30 seconds for dry site 2 minutes for moist site (femoral) – unless emergent			
Large Sterile Drape Used, Covered Head to Toe			
During Procedure			
Sterile Gloves During Catheter Insertion			
Did Assistants Follow Same Procedures			
Following Procedure			
Was Sterile Technique Maintained When Applying Dressing			
Was Dressing Dated			

MD / APN / RN _____ MD / APN / RN _____

MD / APN / RN _____ MD / APN / RN _____

Please return completed forms to Attending Physician for review.