Central Line Insertion Checklist – Template

Patient Name/ID#: _____ **Unit:** _____ **Room/Bed:** _____
Date: _____ **Start time:** _____ **End time:** _____
Procedure Location: (Operating Room / Radiology / Intensive Care Unit / Other: _____)
Person Inserting Line: _____ **Person Completing Form:** _____
Catheter Type: (Dialysis / Tunneled / Non-tunneled / Implanted / Non-implanted / Peripherally Inserted Central Catheter)
Impregnated: (Yes/No) _____ **Number of Lumens:** (1, 2, 3, 4) _____ **Catheter Lot Number:** _____
Insertion Site: (Jugular / Chest / Subclavian / Femoral / Scalp / Umbilical) _____ **Side of Body:** (Left / Right) _____
Reason for Insertion: (New indication / Malfunction / Routine Replacement / Emergent) _____ **Guide Wire Used:** (Yes/No) ___

Critical

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