

**INTENSIVE CARE UNIT  
COMPETENCY CHECKLIST: Central Line Insertion**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Critical Behaviours	Yes	No	Comments
1. Ensure an informed consent is obtained by the Physician.			
2. Explain procedure to patient and reassure patient during the entire process.			
3. Monitor patient's vital signs, O2 saturation, and EKG rhythm for arrhythmia continuously during the procedure.			
4. Obtain appropriate equipment.			
5. Wash hands.			
6. Prepare IV solutions and flush the tubings.			
7. Prepare Heparin Flush solution in syringe.			
8. Position patient in a trendelenburg or head-down tilt position (as tolerated).			
9. Reduce PEEP if patient is on a ventilator.			
10. Position patient's head facing away from side of catheter insertion to prevent contamination of insertion site.			
11. Assist Physician with central line insertion.			
12. Once catheter is inserted and Physician has capped the lumens, aspirate each port for blood return and flush each port. with 3 ml of Heparin Flush solution.			
13. After the Physician has sutured the line, cleanse the insertion site and apply transparent dressing to the site.			
14. Call for portable Chest x-ray for verification of catheter placement and ruling out of pneumothorax.			
15. Once the catheter tip position is confirmed, connect IV tubing to each port using the Interlink Leverlock and initiate IV solutions as ordered.			
16. Documentation: i) Date and time of procedure ii) Location of insertion site iii) Application of dressing iv) Insertion site condition v) Patient's tolerance of procedure			
17. Observe for any potential complications			