

Central Venous Line Proforma

Patient name:
DOB:
CHI:
Location:

Indication:

Additional IV access Poor peripheral access Other

Informed consent:

- includes possible complications (eg. bleeding, infection, pneumothorax)

Yes (verbal/written) No _____

Patient position:

Trendelenburg Supine Semi-erect

Site localised and anatomy confirmed using U/S:

Yes (U/S observed) Yes (U/S guided) No

Monitoring:

ECG NIBP SaO₂

Supplemental O₂

Full barrier precautions & sterile technique

Side: Right Left

Site: Internal jugular Subclavian Femoral

Subcut lignocaine ___% ___ mls

Central line type: Single lumen Multi-lumen

Line length at skin: ___ cm

Complications:

No Yes _____

Post procedure check:

Guide wire removed

Sutures, line, connections secure

Sterile CVC dressing in-situ

CXR confirms satisfactory line tip position (*the tip of the line must lie outside of the cardiac silhouette*)

Doctor:

Date:

Supervised?

No Yes _____