Date: ______________________

Time start (1st needle stick):

Time end (catheter sutured):

Type of catheter:
- [ ] Triple lumen
- [ ] Introducer
- [ ] Swan-Ganz
- [ ] Other (specify): ______________________

Insertion site:
- [ ] Internal Jugular
- [ ] Subclavian
- [ ] Femoral
- [ ] Other (specify): ______________________

Side:
- [ ] Right
- [ ] Left

Check if:
- [ ] Consent obtained
- [ ] Pt/Family teaching done
- [ ] Guidewire exchange

List all sites where insertion was attempted.
- [ ] Right Internal Jugular
- [ ] Right Subclavian
- [ ] Right Femoral
- [ ] Other: ______________________
- [ ] Left Internal Jugular
- [ ] Left Subclavian
- [ ] Left Femoral
- [ ] Other: ______________________

The provider inserting this line:
- a) Handed-off his/her pager before the procedure.  
- Yes  
- No  
- Didn’t ask
- b) Washed hands immediately prior to procedure.  
- Yes  
- No  
- Didn’t ask
- c) Has previously placed at least five (5) central lines.  
- Yes  
- No  
- Didn’t ask

* If ‘No’, was this procedure supervised by someone with at least five (5) lines experience?  
- Yes  
- No  
- Didn’t ask

Barrier precautions (check any used):
- [ ] Sterile gloves
- [ ] Sterile gown
- [ ] Mask
- [ ] Sterile towels
- [ ] Full body drape

Describe the level of training of the person who actually inserted the line?  
- Medical student
- Intern (PGY-1)
- Resident
- Fellow
- Attending

How many different needle sticks did the patient receive (number of skin breaks)?
- [ ] 1
- [ ] 2
- [ ] 3
- [ ] 4
- [ ] 5
- [ ] 6+
- [ ] Unknown

Was the sterile field maintained throughout the entire procedure?  
- Yes
- No

Pre-insertion skin prep (check any used):
- [ ] Alcohol
- [ ] Betadine (povidone-iodine)
- [ ] Chlorhexidine
- [ ] Other (specify): ______________________

Describe the circumstances under which this line was placed:  
- Non-emergent
- Emergent (life-threatening or code situation)

Follow-up CXR:
- [ ] Ordered
- Not ordered (specify reason): ______________________

CXR findings (check all that apply):
- [ ] No pneumothorax
- [ ] Pneumothorax (describe action taken): ______________________
- [ ] Catheter in good position
- [ ] Catheter position adjusted (describe): ______________________

Type of dressing:
- [ ] Bio-occlusive
- [ ] Gauze
- [ ] Other (specify): ______________________

Dressing applied by:
- [ ] Nurse
- [ ] Provider who inserted the catheter
- [ ] Other

Patient tolerated the procedure well?  
- Yes
- No

Complications:
- [ ] None
- [ ] Placement unsuccessful
- [ ] Other (describe): ______________________