

<p><b>Procedural "Time Out":</b></p> <p>DATE: <input style="width:150px;" type="text"/></p> <p>Patient Name: _____</p> <p>Patient DOB: _____</p> <p>Facility Name: _____ Room No: _____</p> <p>Requesting Physician: _____</p> <p>Room # _____</p>	<p><input type="checkbox"/> Used two patient identifiers    <input type="checkbox"/> Right site</p> <p><input type="checkbox"/> Right Patient                            <input type="checkbox"/> Right procedure</p> <p>PICC Nurse Signature: _____</p> <p>Date: _____ Time: _____</p> <p>Witness/Authorized Signature: _____</p> <p>Date: _____ Time: _____</p>
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Please circle patient procedure:     PICC     Midline     Central Line

**Procedure Checklist:**

<p><input type="checkbox"/> Patient consented    <input type="checkbox"/> Pre-Consented with Admission</p> <p><input type="checkbox"/> Patient correctly positioned for procedure</p> <p><input type="checkbox"/> Measures taken to reduce risk of air embolism:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Trendelenburg only</p> <p style="padding-left: 20px;"><input type="checkbox"/> Valsava</p> <p style="padding-left: 20px;"><input type="checkbox"/> Supine only</p> <p><input type="checkbox"/> Availability of any special equipment or special requirements</p> <p><input type="checkbox"/> Hand Hygiene Performed    <input type="checkbox"/> Soap and water    <input type="checkbox"/> Alcohol based solution</p> <p><input type="checkbox"/> Prep procedure site using Antiseptic with friction for 30 seconds (2 min for femoral site) and allow to dry completely.</p> <p style="padding-left: 40px;"><input type="checkbox"/> With Alcohol</p> <p style="padding-left: 40px;"><input type="checkbox"/> With Chlorhexadine + Alcohol</p> <p style="padding-left: 40px;"><input type="checkbox"/> With Povidine-Alcohol</p> <p style="padding-left: 40px;"><input type="checkbox"/> With Povidine-Iodine</p>	<p><input type="checkbox"/> Large sterile drape used to cover patient</p> <p><input type="checkbox"/> Sterile PPE worn during catheter insertion</p> <p style="padding-left: 20px;"><input type="checkbox"/> Used sterile gloves</p> <p style="padding-left: 20px;"><input type="checkbox"/> Used mask</p> <p style="padding-left: 20px;"><input type="checkbox"/> Used sterile gown</p> <p style="padding-left: 20px;"><input type="checkbox"/> Used cap/hair covering</p> <p><input type="checkbox"/> Sterile field / sterile technique maintained during procedure</p> <p><input type="checkbox"/> Dressing Dated</p> <p><input type="checkbox"/> Education done on central line blood stream infection prevention and instruction booklet given</p> <p style="padding-left: 20px;">Allergies:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Latex                            <input type="checkbox"/> Lidocaine</p> <p style="padding-left: 40px;"><input type="checkbox"/> Chlorhexadine            <input type="checkbox"/> Iodine</p> <p style="padding-left: 40px;"><input type="checkbox"/> NKA</p>
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Date: \_\_\_\_\_ Time: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Procedure Notes:**

Date of Insertion: \_\_\_\_\_ Time of Insertion: \_\_\_\_\_ Department Where Inserted: \_\_\_\_\_

Brand: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Size:  4fr  5fr  6fr  Other: \_\_\_\_\_

Introducer:  Micro \_\_\_\_\_ FR Wire Length: \_\_\_\_\_ Other: \_\_\_\_\_

Lumens:  Single  Double  Triple Vascular Ultrasound Assessment:  Yes  No

Arm  Neck  Left  Right Mid-Upper Arm Circ: \_\_\_\_\_ cm (4" above bend of arm) Circumference at insertion site: \_\_\_\_\_

Vein:  Basilic  Cephalic  Brachial  Femoral  External/Internal Jugular

**Catheter Measurements:** Cath cut at: \_\_\_\_\_ cm. External Length: \_\_\_\_\_ cm. (Total) Number of attempts: \_\_\_\_\_

X-Ray:  Time: \_\_\_\_\_ am / pm TIP LOCATION:  SVC  Other: \_\_\_\_\_

**Dressing:**  Securement Device  Steri-Strips  Anti-Infective product  Transparent Semi Permeable Drsg.  Gauze

Other: \_\_\_\_\_

Flush: \_\_\_\_\_ ml NS \_\_\_\_\_ ml Hep 100u/ml  Blood return  Labs drawn

Local Sedation Lidocaine 1% 1 cc Subcutaneous RN Initial \_\_\_\_\_

Indication For Procedure:  Antibiotics  TPN  IV Fluids  Chemotherapy  Long Term ABT

**Additional Finding/Notes:**

Person Performing Procedure Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_