CRITICAL CARE MEDICINE
PROCEDURE NOTE:
LINE INSERTION

Date ____________________________ Time ____________________________

Diagnosis ____________________________

Prior to Procedure: ☐ Time Out (Use Form)

Procedures:
☐ Arterial Line ☐ New site insertion ☐ Change over wire
☐ Central Venous Catheter ☐ Dialysis Catheter ☐ PICC
☐ Pulmonary Artery Catheter ☐ Introducer

Indication(s): ☐ Continuous Hemodynamic Monitoring ☐ Inadequate Peripheral Access
☐ Parenteral Nutrition ☐ Dialysis
☐ Vasoactive Medication
☐ Serial blood sampling
☐ Replaced malfunctioning catheter
☐ Suspected catheter infection
☐ Other ____________________________

Insertion Site: ☐ Left ☐ Radial ☐ Sub-clavian
☐ Right ☐ Femoral ☐ Internal Jugular
☐ Axillary ☐ Upper Extremity
☐ Other ____________________________

Catheter Type: ☐ 16 Gauge ☐ Single Lumen
☐ 18 Gauge ☐ Double Lumen
☐ 20 Gauge ☐ Triple Lumen
☐ Introducer

Anesthesia: ☐ Lidocaine local infiltration ☐ Parenteral sedative / analgesia

Skin Prep: ☐ Chlorhexidine ☐ Betadine

Maximal Sterile Barriers Used (Sterile drapes, gowns, gloves, cap, mask)
☐ Yes ☐ No ☐ Emergent Placement
☐ Other ____________________________

Complications: ☐ Non apparent
☐ Pneumothorax ☐ Adequate blood return, all lumen
☐ Unintentional arterial puncture ☐ Appropriate wave form
☐ Unsuccessful attempt ☐ Chest X-ray ☐ Placement Confirmed
☐ Pending ☐ Other ____________________________

Attending physician: ____________________________ ☐ Performed

MD ____________________________ ☐ Assisted with this procedure

Signature: ____________________________ Title: ____________________________ Date: ____________ Time: ____________ Printed: ____________

HOSPITAL
Healthcare System

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FORM 1-1232 (rev. 01/06)