

Your
Hospital's
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LINE INSERTION PROCEDURE NOTE

DATE: _____ TIME: _____ (Military Time)

PATIENT IDENTIFICATION

PROCEDURE: ARTERIAL LINE CENTRAL VENOUS LINE PA CATHETER PLACEMENT
 OTHER (Describe): _____

INDICATION: HEMODYNAMIC MONITORING VASOACTIVE DRUG INFUSION TEMPORARY PACING
 _____ VENOUS ACCESS _____ SERIAL PHLEBOTOMY / ABG's _____ OTHER (Describe Below):

DIAGNOSIS: CHF SHOCK SEPSIS SURGICALLY HIGH-RISK OTHER (Describe Below):

APPLIANCE TYPE & SIZE: _____ ABG A-LINE KIT: [777434200]
 _____ 7 FR TRIPLE LUMEN KIT: [777438102 - Arrow AK24301] -OR- [777245641 - Arrow AK12703]
 _____ 7 FR DOUBLE LUMEN KIT: [777598030 - Arrow AK22702]
 _____ 16 G SINGLE LUMEN CENTRAL VENOUS CATHETER KIT: [777438112 - Arrow AK24301]
 _____ 9 FR PERCUTANEOUS SHEATH INTRODUCER: [777437750 - Arrow AK09903S]
 _____ 7.5 FR 5 LUMEN THERMODILUTION CATHETER: [777437711 - ABBOTT 4123301]

INSERTION SITE: INTERNAL JUGULAR VEIN SUBCLAVIAN VEIN RADIAL ARTERY
____ RIGHT ____ LEFT ____ RIGHT ____ LEFT ____ RIGHT ____ LEFT
 FEMORAL VEIN ** OTHER _____
____ RIGHT ____ LEFT

** MUST JUSTIFY USE OF
FEMORAL VEIN vs. JUGULAR
VEIN & SUBCLAVIAN VEIN _____

** MUST INDICATE WHETHER CHECKED FOR COLLATERAL FLOW YES NO

COMPLICATIONS: NONE HEMATOMA OTHER _____

PERFORMED BY: _____ ATTENDING MD _____ RESIDENT MD

DATE(S) CHANGED / REMOVED: _____ DATE _____ PLACE _____ DATE _____ PLACE _____
DATE _____ PLACE _____

DATE REMOVED: _____ DATE _____ PLACE _____

COMPLICATIONS: NONE INFECTION / CULTURE _____
 OTHER _____

WHITE = Medical Record

YELLOW = Quality Management

PART OF THE MEDICAL RECORD