

MH Central Venous Access Device Insertion Accreditation Form

Date		Time		
Operator		Position	Consultant / Registrar / HMO	
Supervised by		Position	Consultant / Registrar	Signature
Location	ICU / ED / Theatre / Cath Lab / Other:			
Technique	US guided / Landmarks (give reason for landmark use)			
CVAD Type and Level	CVC / Vascath / PAC / PICC Number of Lumens: 1 / 2 / 3 / 4 / 5 <input type="text"/> cm Antimicrobial coated Yes / No Reason if not:			
Indication	Monitoring / Access / Vasoactive / RRT / TPN / Confirmed or suspected CLABSI			
Site of insertion	Internal Jugular	Right	Left	
	Subclavian	Right	Left	
	Femoral	Right	Left	
	Brachial (PICC)	Right	Left	
	Cephalic (PICC)	Right	Left	
Procedural Compliance	Hand hygiene: Yes / No			
	Gown / gloves / full drapes / mask / cap: Yes / No			
	Contiguous sterile field between patient, trolley and proceduralist: Yes / No			
	Lumens primed: Yes / No			
	Skin dry before puncture: Yes / No			
	Needle tip seen on US: Yes / No			
	Paired blood gas indicates venous position: Yes / No / not done			
	Manometry used: Yes / No / not done			
	Wire seen in vein on US: Yes / No			
	2 point / 4 point suture			
Biopatch and transparent dressing: Yes / No				
Number of attempts: _____				
CXR reviewed: Yes / No / not done (give reason):				
Complications	<input type="checkbox"/> Arterial puncture / placement	Action taken		
	<input type="checkbox"/> Pneumothorax	Action taken		
	<input type="checkbox"/> Haematoma	Action taken		
	<input type="checkbox"/> Failure	Action taken		
	<input type="checkbox"/> Other :	Action taken		
Outcome	Credentialed: Yes / No		Needs another supervised insertion: Yes / No	