

Checklist for PICC Line Insertion

Indication: To document procedural practices related to insertion technique for PICC lines

Patient ID: _____

Date of Birth (mm/dd/yy): ___/___/___

First Name: _____

Male Female

Last Name: _____

Notes: _____

Location: _____

Insertion Site: Right Left
 Basilic Cephalic Brachial Other: _____
 Is this a NEW line?: Yes No
 This procedure is: Elective Emergent Re-position

Prior to Procedure

	Yes	N/A
Identify patient?		
Assess and mark the insertion site/appropriate vein?		
Position the patient for procedure?		
Check all equipment and supplies?		
Use all relevant documents (charts/forms)?		
Take a time-out to confirm patient and procedure?		

Notes: _____

Prep Procedure Site

	Yes	N/A
Wash hands?		
Use chlorhexidine?		
Use large drape to cover patient, and/or put mask on patient?		

Notes: _____

During Procedure

	Yes	N/A
Wear sterile gloves, cap, mask, and gown?		
Maintain sterile field?		
Use Modified Seldinger Technique (MST)?		
Use ultrasound or fluoroscopic guidance?		
Use Sherlock* tip location system?		
Did clinician assistant follow sterile precautions?		
Did all staff in room wear masks?		

Was catheter trimmed? Yes No Length: _____

Notes: _____

After Procedure

	Yes	N/A
Was sterile technique maintained when applying dressing?		
Was dressing marked and dated?		
Was StatLock* catheter stabilization device used?		
Was BIOPATCH* antimicrobial dressing or Tegaderm* medical dressing with CHG used?		
Was X-ray ordered?		

Notes: _____