

## PREVENTING INTRAVASCULAR DEVICE (IVD)-RELATED

### BLOODSTREAM INFECTIONS (BSIs) INTRAVASCULAR DEVICE INSERTION CHECKLIST

**Purpose:** To ensure an appropriate technique that meets the requirements of aseptic non-touch technique are met with the insertion or guide-wire exchange of an Intravascular Device.

**When:** During insertion or guide-wire exchange of an Intravascular Device.

**\* If any of the critical steps are not complied with, stop operator immediately and prompt to ensure correct process followed. Make a note in comments.**

1. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Location (Clinical area): \_\_\_\_\_
3. Type of catheter:  CVC (type e.g. percutaneous CVC): \_\_\_\_\_  
 PICC  PIVC  Haemodialysis Catheter  Port  Other \_\_\_\_\_
4. Site of insertion: \_\_\_\_\_
5. Type of insertion:  New line  Guide-wire exchange
6. Is the procedure:  Routine  Emergency
7. Catheter inserted by:  RN  Medical Officer  Other: \_\_\_\_\_

CRITICAL STEPS	YES	NO	COMMENTS
<b>Before the procedure, did the operator:</b>			
Wash hands & forearms for a minimum of 3 minutes using an antiseptic solution (Routine Hand Hygiene adequate for PIVC)			
Don appropriate PPE (e.g. Surgical cap and mask, sterile long sleeved gown, sterile surgical gloves and protective eyewear (plastic apron, protective eyewear and clean non-sterile gloves are adequate for PIVC)			
Drape the site appropriately			
Insertion site was prepared with appropriate skin preparation solution			Skin Prep used:
Skin prep solution allowed to air dry prior to insertion			
Did all persons entering the sterile field to assist wear appropriate PPE			
<b>During the procedure, did the operator:</b>			
Maintain a sterile field			
Secure the catheter			
Flush or lock the device as recommended			Flush or lock action:



CRITICAL STEPS	YES	NO	COMMENTS
After the procedure, did the operator:			
Apply an appropriate sterile dressing			Dressing used:
Document the insertion details in the patients medical record			

Auditor Name: \_\_\_\_\_ Signature: \_\_\_\_\_