



Queensland
Government

Percutaneous Central Venous Access Device (CVAD) Insertion Checklist – Adult

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Insertion Details

Date:	Time:	Location:	
Proceduralist:		Designation:	Signature:
Observer:		Designation:	Signature:

Patient Checks

Consent: ☐ Yes ☐ No ☐ N/A

Allergies: ☐ Yes ☐ No ☐ N/A

Coagulation profile: ☐ Normal ☐ Abnormal ☐ Unknown

Notes:

Device Details

☐ CVC ☐ PICC ☐ Haemodialysis catheter ☐ Sheath introducer

☐ Other: (specify)

Device length: cm

French gauge:

Number of lumens: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Impregnated: ☐ Yes ☐ No

If Yes, specify:

PLACE LOT NO. LABEL HERE

Insertion Vein

☐ Jugular ☐ Subclavian ☐ Axillary ☐ Basilic ☐ Brachial ☐ Cephalic ☐ Femoral

☐ Other (specify):

Insertion side: ☐ Left ☐ Right

Pre-insertion

Aseptic Technique:

☐ Perform surgical scrub

☐ Sterile barrier precautions (headwear, mask, gown, gloves, patient drape)

Skin preparation:

☐ Allow skin to dry

☐ Aseptic technique maintained throughout

Notes

Infection risk: If an aseptic technique insertion is not achieved, remove/replace the device as soon as clinically appropriate.

Skin prep: 2% chlorhexidine gluconate in 70% isopropyl alcohol is required unless contraindicated. Clip hair if required.

Procedure Deviation

Insertion

☐ Ultrasound guided insertion

Venous Confirmation BEFORE Dilation:

☐ Observing colour and pulsatility of blood

☐ Blood gas analysis

☐ Column manometry

☐ Pressure transduction

☐ J-tip of guidewire visualised in vein with ultrasound

Notes

If ultrasound **not** utilised, document rationale as Procedure Deviation.

Tick all that apply.

Minimum of two must be checked to confirm venous PRIOR to dilation.

Suggested internal length of jugular or subclavian CVC in an average-sized adult is: Right: 15–17cm Left: 18–20cm

Insert femoral CVAD to the hub to ensure tip is in Inferior Vena Cava.

Procedure Deviation

Measurement at skin: cm

☐ Trimmed – length: cm

Final Checks:

☐ Confirm guidewire has been entirely removed intact

☐ Confirm all lumens aspirate and flush easily

Securement:

☐ Securement device ☐ Sutures ☐ Other

Specify device:

☐ Apply a semi-permeable transparent dressing

☐ Antimicrobial/antiseptic dressing/disc

Ensure CVAD is secured via the hub to resist dislodgment by traction.

Sutures: 2–0 monofilament recommended.

Insertion Difficulty:

Total number of attempts (all clinicians):

Difficult insertion: ☐ Yes ☐ No

If any difficulty encountered, please document.

DO NOT WRITE IN THIS BINDING MARGIN

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SW973

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Family name:

Given name(s):

Address:

Date of birth:

Sex: ☐ M ☐ F ☐ I

Insertion Complications

☐ No complications apparent at time of insertion

☐ No complications on CXR

☐ Suspected or apparent complication documented in clinical record and incident from completed: (specify)

Identify CVAD Tip Position

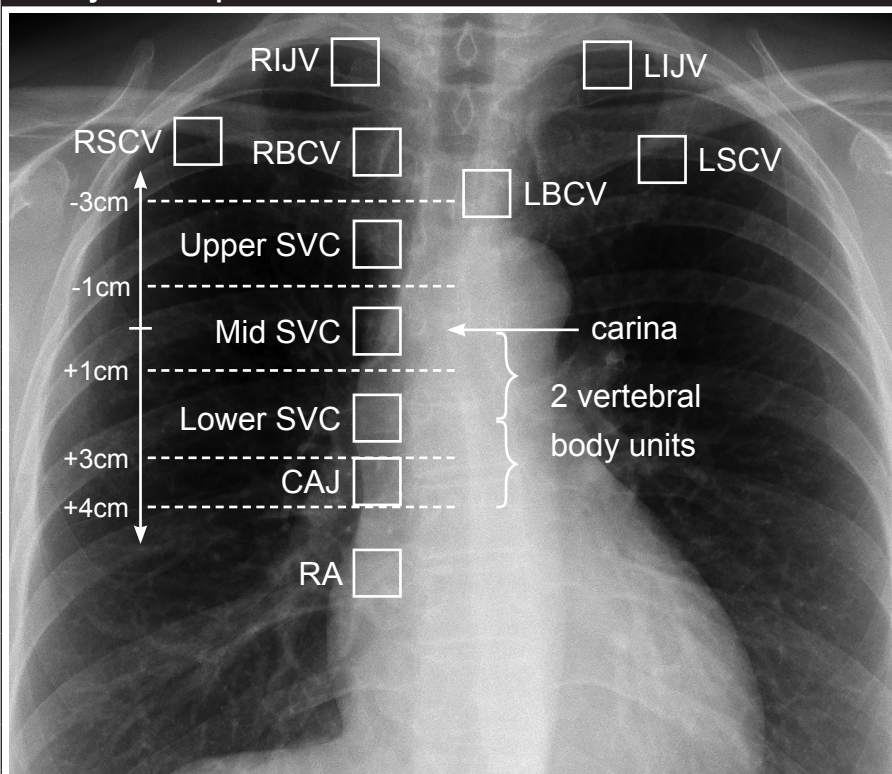


Image: Case courtesy of Dr Henry Knipe, Radiopaedia.org, rID: 31525 (modified).

Verification method (tick at least one)

- ☐ CXR ☐ ECG
☐ Fluoroscopy ☐ TOE
☐ Femoral vein (verification not required)

Vein		Tip
RIJV	Right internal jugular	<input type="checkbox"/>
LIJV	Left internal jugular	<input type="checkbox"/>
RSCV	Right subclavian/axillary	<input type="checkbox"/>
LSCV	Left subclavian/axillary	<input type="checkbox"/>
RBCV	Right brachiocephalic	<input type="checkbox"/>
LBCV	Left brachiocephalic	<input type="checkbox"/>
SVC	Superior vena cava	<input type="checkbox"/>
CAJ	Cavo-atrial junction	<input type="checkbox"/>
RA	Right atrium	<input type="checkbox"/>
FEM	Femoral (XR not required)	<input type="checkbox"/>

Confirmed for use

Name:

Designation:

Signature:

Date:

Time:

Tip Location Guide

DEVICE	OPTIMAL	ACCEPTABLE	CAUTION	RE-ASSESS
PICC	CAJ, Lower SVC	Mid SVC	Upper SVC	RA, RBCV, LBCV, RSCV, LSCV, RIJ V, LIJV
CVC	CAJ, Lower SVC	Mid SVC, Upper SVC	RBCV, LBCV	RA, RSCV, LSCV, RIJV, LIJV
HD catheter	RA, CAJ, Lower SVC		Mid SVC	Upper SVC, RBCV, LBCV, RSCV, LSCV, RIJV, LIJV
Sheath introducer	CAJ, Lower SVC, Mid SVC, Upper SVC	RBCV, LBCV	RSCV, LSCV, RIJV, LIJV	RA, RSCV, LSCV, RIJV, LIJV

Risk guide

OPTIMAL	Lowest risk of complications.
ACCEPTABLE	Short-term use only. Risk of thrombosis, extravasation and secondary malposition. Tip should ideally run parallel to the vessel wall to reduce the risk of delayed complications such as vessel wall erosion and perforation.
CAUTION	May be OK to use with caution based on clinical judgement. May be OK for short-term dialysis/apheresis. Risk of impaired flow rates. Increased risk of extravasation, thrombosis, cardiac dysrhythmia and/or secondary malposition. May not be in a central vein.
RE-ASSESS	NOT appropriately placed and might not be in a central vein. Should be removed, re-wired or re-sited based on clinical judgement. High risk of extravasation, thrombosis, cardiac dysrhythmia and/or secondary malposition.

Note: Devices that are inserted too far (**too low**) risk causing cardiac dysrhythmia, late pericardial tamponade and thrombosis. Devices that are not inserted far enough (**too high**) increase risk of thrombosis, secondary malposition, extravasation and infiltration. All CVAD's not placed optimally have an increased risk of premature failure.

Additional comments:

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