



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:

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### 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

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### 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

Measurement at skin: ..... cm

Trimmed – length: ..... cm

### 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.**

### Procedure Deviation

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**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.

### Final Checks:

Confirm guidewire has been entirely removed intact

Confirm all lumens aspirate and flush easily

**Securement:**

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

**Sutures:** 2–0 monofilament recommended.

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### Securement:

Securement device  Sutures  Other

Specify device: .....

Apply a semi-permeable transparent dressing

Antimicrobial/antiseptic dressing/disc

**Insertion Difficulty:**

If any difficulty encountered, please document.

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### Insertion Difficulty:

Total number of attempts (all clinicians): .....

Difficult insertion:  Yes  No

DO NOT WRITE IN THIS BINDING MARGIN

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SW973

PERCUTANEOUS CVAD INSERTION CHECKLIST – ADULT



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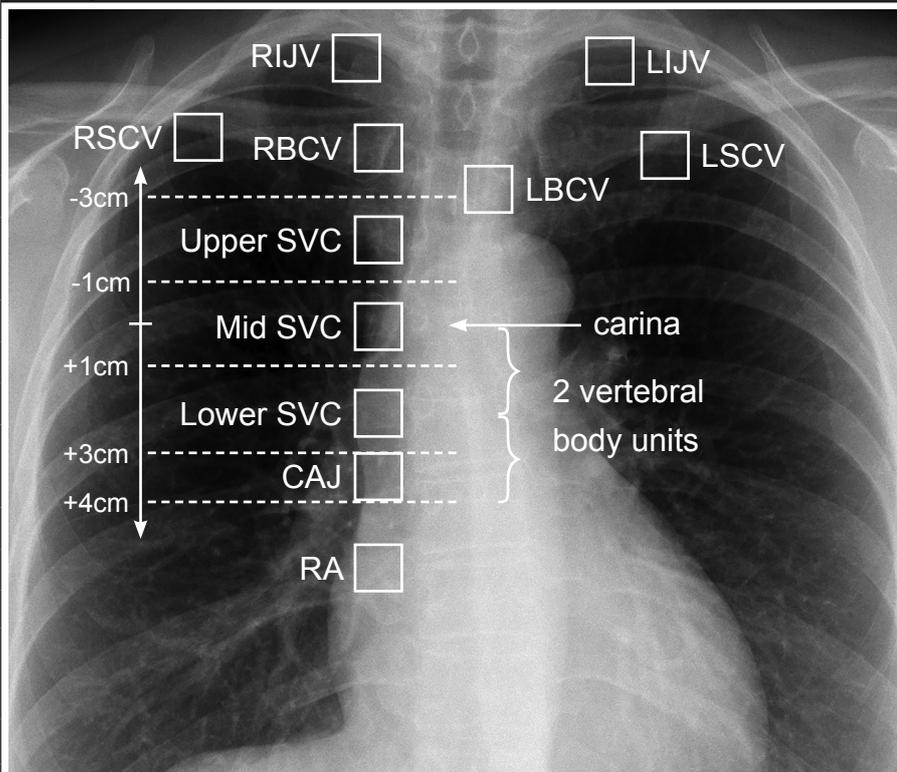
Date of birth:

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



#### 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:

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

### 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

<b>OPTIMAL</b>	Lowest risk of complications.
<b>ACCEPTABLE</b>	<b>Short-term use only.</b> 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.
<b>CAUTION</b>	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.
<b>RE-ASSESS</b>	<b>NOT appropriately placed</b> 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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DO NOT WRITE IN THIS BINDING MARGIN