

**Bedside Procedure
Care Team Checklist**

Patient Label
Must be placed
Within this box

- Central line
 Arterial line
 Other _____

Chest tube insertion

Purpose: To work as a team committed to eliminating harm from infections.
When: During ALL Bedside invasive procedure
By whom: Bedside nurse and physician/PA inserting

- **If there is an observed violation of infection control practices, line placement or procedure should STOP immediately and the violation should be corrected. If a correction is required mark yes to question # 5 and explain**
- **If there are any concerns, the bedside RN should contact the Attending MD and Supervisor**

1. Today's Date: Month, Day, Year: _____/_____/_____
2. Locations: MICU SICU ED OR CCU Other: _____
- ***Internal Jugular or Subclavian vein placement is the preferred site for central lines.**
- ***Femoral site is the last Resort as per CDC guidelines ***
3. Is the procedure: Elective Emergent
4. State reason if Subclavian site not used: _____

BEFORE PROCEDURE

- | | Yes | Yes
After Reminder |
|---|--------------------------|--------------------------|
| a) Sanitize hands (using soap and water) prior to procedure | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Sterilize procedure site with Chlorahexedine Prep (<i>Always for Central Line Insertion</i>)
And/Or Betadine for other procedures | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Drape entire patient in a sterile fashion | <input type="checkbox"/> | <input type="checkbox"/> |
| d) All personnel is wearing a cap, mask, isolation gown and gloves, eye protection (if at risk for entering sterile field, use sterile gown and gloves) | <input type="checkbox"/> | <input type="checkbox"/> |
| e) TIME OUT IS CALLED BY RN | <input type="checkbox"/> | <input type="checkbox"/> |
- If no discrepancies, proceed

DURING PROCEDURE

- | | | |
|---|--------------------------|--------------------------|
| a) Did all personnel inserting wear Sterile gloves, sterile gown, hat, & mask | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Did all other personnel in room wear gloves, non- sterile gown hat, & mask | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Was a sterile field maintained | <input type="checkbox"/> | <input type="checkbox"/> |

AFTER THE PROCEDURE

- | | | |
|---|--------------------------|--------------------------|
| a) Sterile dressing is applied to the site | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Hand Hygiene is performed after insertion? | <input type="checkbox"/> | <input type="checkbox"/> |
5. Was a correction required to ensure compliance with Safety & Infection Control Practices?
Explain:

RN Signature _____

MD/PA Signature _____