

# Quality Bundles: Insertion of Arterial or Central Venous Line

Ensure that patient and health care provider safety standards are met during this procedure including:

- Risk assessment and appropriate PPE
  - 4 Moments of Hand Hygiene
  - Two patient identification
  - Safe patient handling practices
  - Biomedical waste disposal policies
1. Pause to review procedure and assemble necessary equipment
  2. Review allergies to skin preps, tapes or catheter materials (e.g. latex, heparin, chlorhexidine, silver sulfadiazine, minocyclin or rifampin). Note: our standard central line catheter includes 2 of these 4 antimicrobials).
  3. Ensure appropriate catheter length for IJ/SC (16 cm NOT 20 cm)/ Catheter model, length, size and product number should be confirmed by provider and documented in procedure note.
  4. Guidewire exchange should be avoided. If required, rationale for guidewire exchange should be documented
  5. Insertion of a multilumen catheter into an established introducer requires full barrier precautions. It should only be done if introducer was inserted using maximal precautions and a sterile introducer cap has been maintained.
  6. Hair removal with clippers before skin cleansing and draping
  7. Scrub skin vertically and horizontally for 30 seconds with chlorhexidine 2% in 70% isopropyl alcohol
  8. Allow skin to dry 2 minutes after cleaning
  9. Cap, mask with face shield, sterile gown and sterile gloves for individual(s) performing or supervising insertion
  10. Cap and mask for all individuals within 1 meter of sterile field
  11. Broad draping of sterile field
  12. Flush lumens of central venous lines with normal saline provided in sterile packaging
  13. Inserter must complete Central Venous and Arterial Line Checklist and Procedure note and complete follow-up assessment
  14. Nurse creates a Dynamic Group under Devices Band. Under Activity field, selects inserted. This will document the insertion date.
  15. If patient arrives with existing line, under activity field, select "present on insertion". This will open a new field for nurse to record the date and time of insertion. If unable to determine, document in the assess/reassess comment field.
  16. **Any member of the team can stop a procedure/identify breaks in technique**
  17. **Procedure note should accurately reflect adherence to protocol to identify lines that should be changed**