

Central Line Checklist

STOP Proceed When All Lines Are **GREEN**

		Green Confirmed	Red Unconfirmed
Wash hands		<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Forms with patient Name	<u>Use TWO Identifiers</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Consent Obtained		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Allergies Noted		<input checked="" type="checkbox"/>	<input type="checkbox"/>
State Procedure		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Correct Catheter		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pt. positioned Properly		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Time Out Section Filled Out		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Full Barrier Precautions		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sterile Drape		<input type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEED		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Complete Form after Procedure		<input type="checkbox"/>	<input checked="" type="checkbox"/>