

# CENTRAL LINE MANAGEMENT FORM

(see reverse for relevant information)

Family Name	MRN
Given Name	[ ] Male [ ] Female
D.O.B. ____/____/____	M.O.
Address	
Location / Ward	

## **A. REQUEST FOR INSERTION**

Date & time \_\_\_\_\_ Requestor name, sign, contact \_\_\_\_\_

**1. Line requested** \_\_\_\_\_ **2. Indication** \_\_\_\_\_

**3. Notes** \_\_\_\_\_

## **B. INSERTION PROCEDURE**

Date & time \_\_\_\_\_ Proceduralist name, sign, contact \_\_\_\_\_

Consent [ ] ECG [ ] Chlorhex & alcohol [ ] Ultrasound [ ] Wire removed [ ] Capless valves [ ]

**4. Line inserted** \_\_\_\_\_ **5. Site & depth at skin** \_\_\_\_\_

**6. Notes** \_\_\_\_\_

Post procedure imaging \_\_\_\_\_

## **C. MAINTENANCE**

Nursing staff to reference any significant information that may lead to line removal here:

**7. Notes** \_\_\_\_\_

## **D. REQUEST FOR REMOVAL**

Date & time \_\_\_\_\_ Requestor name, sign, contact \_\_\_\_\_

**8. Indication for removal** \_\_\_\_\_

## **E. REMOVAL PROCEDURE** If patient obs. outside normal limits then contact medical officer

Date & time \_\_\_\_\_ Removalist name, sign, contact \_\_\_\_\_

Trendelenburg / Supine [ ] Obs. normal [ ] Monitoring [ ] Occlusive dressing [ ]

**9. Notes** \_\_\_\_\_

Form to remain in patients notes. Upon completion of section E fax copy to XXXXXXXXXX for audit.

## **CENTRAL LINE INFORMATION (please do not write on this side of form)**

Central Lines should only be inserted where benefit exceeds risk - see MAGIC Guidelines. Only medical staff trained in the insertion and removal of central lines are allowed to do so.

### **1. Line Requested** (choose from below and write on front of form)

Midline single/double lumen; PICC line single/double lumen; Central line (specify minimal lumens required); Non-Tunnelled Vas Cath; Tunnelled vas Cath; Other (provide specific details)

### **2. Indication for insertion** (choose from below and write on front of form)

CVP monitoring; Vasopressor infusion; Haemodialysis/filtration; TPN; Vesicant / Irritant infusion; Stem cell transplant/harvest; Other (please clearly communicate indication)

Note - with irritant intravenous drugs it may be in the patient's interest to infuse a dilute solution via a well sited forearm cannula rather than exposing patient to the risks of a central line.

### **3. Notes** (relevant notes to write on front of form would include):

Obesity; Coagulopathy; Administration of anticoagulant or anti platelet medication; Inability to lie flat or trendelenburg; Thrombosis of central veins; Previous central venous access.

### **4. Line inserted** - catheter type, length, gauge, brand, lumens, coating (antibiotic/antiseptic)

### **5. Site** - Right/Left; subclavian / IJ / EJ / femoral / basilic / cephalic / umbilical / long saphenous

Note - it is safer to insert left IJ and left subclavian Vas Caths under fluoroscopic guidance.

### **6. Notes** (relevant notes to write on front of form would include):

Emergency / elective / rewire; LA / sedation / GA; asepsis (stop insertion if asepsis breached).  
Complications : nil / arterial puncture / haematoma / pneumothorax / other.  
Venous placement confirmed prior to vessel dilation - ultrasound / transducer / blood gas / contrast.

PICC lines - (never cut PICC wire), stiffener removed, mid-upper limb circumference measured.

### **7. Notes** Significant issues that may lead to central line removal should be referenced to section 7 'see patients notes dated .././...' with your signature, name and contact details.

Lumens must NOT be left open to air. Only standard capless valves & attachments may be used.

Daily review of central line insertion sites must be documented in patients notes observing for:

### **8. Indications for removal** - Erythema, drainage, tenderness, pain, redness, swelling, catheter position, line blockage, intravascular thrombosis, CLABSI, ongoing need for line.

Central lines should not be changed 'routinely', if no signs of the above then avoid changing line.

Request and reason for removal must be clearly documented by medical practitioner on this form.

Only accredited staff may remove central lines.

### **9. Notes** Patient's observations must be within normal limits ('white zone' on observation chart) and patient able to lie flat for 30 minutes - if not then contact medical officer for line removal.

Patient should avoid inspiration around time of removal until occlusive dressing applied. Patient to lie flat for 30mins after removal. Occlusive dressings applied to exit site until healed. If suspect CLABSI - blood cultures & send central line tip for culture (tips should not be sent routinely).