

**CRITICAL CARE MEDICINE  
PROCEDURE NOTE:  
LINE INSERTION**

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PATIENT PLATE

Date \_\_\_\_\_ Time \_\_\_\_\_

Diagnosis \_\_\_\_\_

Prior to Procedure:  Time Out (Use Form)

**Procedure:**

- Arterial Line       New site insertion       Change over wire  
 Central Venous Catheter       Dialysis Catheter       PICC  
 Pulmonary Artery Catheter       Introducer

- Indication(s):**       Continuous Hemodynamic Monitoring       Inadequate Peripheral Access  
 Parenteral Nutrition       Dialysis  
 Vasoactive Medication  
 Serial blood sampling  
 Replaced malfunctioning catheter  
 Suspected catheter infection  
 Other \_\_\_\_\_

- Insertion Site:**       Left       Radial       Sub-clavian  
 Right       Femoral       Internal Jugular  
 Axillary       Upper Extremity  
 Other \_\_\_\_\_

- Catheter Type:**       16 Gauge       Single Lumen  
 18 Gauge       Double Lumen  
 20 Gauge       Triple Lumen  
 Introducer

- Anesthesia:**       Lidocaine local infiltration  
 Parenteral sedative / analgesia \_\_\_\_\_

- Skin Prep:**       Chlorhexidine       Betadine  
Maximal Sterile Barriers Used (Sterile drapes, gowns, gloves, cap, mask)  
 Yes       No       Emergent Placement  
 Other \_\_\_\_\_

- Complications:**       Non apparent  
 Pneumothorax       Adequate blood return, all lumen  
 Unintentional arterial puncture       Appropriate wave form  
 Unsuccessful attempt       Chest X-ray       Placement Confirmed  
 Pending  
 Other \_\_\_\_\_

Attending physician: \_\_\_\_\_  Performed

MD \_\_\_\_\_  Assisted with this procedure

SIGNATURE

TITLE

DATE

TIME

PRINTED

**HOSPITAL**  
*Healthcare System*

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FORM 1-1852 (rev. 01/06)