

Internal Jugular Central Venous Catheter Insertion Procedure Note: Ultrasound Guided

INDICATION: _____

PROCEDURE OPERATOR: _____

ATTENDING PHYSICIAN: _____ In Attendance (Y/N) _____

CONSENT:

Consent was obtained from _____ prior to the procedure. Indications, risks, and benefits were explained at length.

The procedure was performed emergently and the permission was implied because of the emergent nature.

PROCEDURE SUMMARY:

The CDC Central Line Insertion Practices form was completed by the nurse prior to starting the procedure. A time out was performed. My hands were washed immediately prior to the procedure. I wore a surgical cap, mask with protective eyewear, full gown and sterile gloves throughout the procedure. The patient was placed in Trendelenburg position. LEFT / RIGHT chest region was prepped using chlorhexidine scrub and draped in sterile fashion using a three quarter sheet drape and sterile towels. The medial and lateral heads of the sternocleidomastoid muscle were identified as was the carotid pulse. The Internal Jugular vein was identified using the ultrasound. Anesthesia was achieved over the vein using 1% lidocaine. Using real-time out of plane guidance, the introducer needle was inserted into the Internal Jugular vein under direct ultrasound visualization. Venous blood was withdrawn. The syringe was removed and a guidewire was advanced into the introducer needle. The guidewire was visualized in the Internal Jugular Vein by ultrasound. A small incision was made at the skin surface with a scalpel and the introducer needle was exchanged for a dilator over the guidewire. After appropriate dilation was obtained, the dilator was exchanged over the wire for a _____ central venous catheter. The wire was removed and the catheter was sutured in place at _____ cm. A sterile sorbaview shield was placed over the catheter at the insertion site. The patient tolerated the procedure without any hemodynamic compromise. At time of procedure completion, all ports aspirated and flushed properly. Post-procedure chest x-ray is pending at this time.

COMMENT:

ESTIMATED BLOOD LOSS: _____ ml

Physician Signature _____ ID# _____ Date _____ Time _____



VENTURA COUNTY MEDICAL CENTER
SANTA PAULA HOSPITAL
**INTERNAL JUGULAR CENTRAL VENOUS
CATHETER INSERTION PROCEDURE NOTE:
ULTRASOUND GUIDED**

Patient Label
or
Two Patient Identifiers