

**Department of Emergency Medicine  
Procedure Competency Form  
Central Line**

**Resident:** \_\_\_\_\_

**Observing Faculty:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Central Line Site</b>	<b>IJ</b>	<b>R</b>	<b>L</b>
	<b>Subclavian</b>	<b>R</b>	<b>L</b>
	<b>Femoral</b>	<b>R</b>	<b>L</b>

**Procedure:**

- \_\_\_\_\_ Recognizes indications for placement of central line
- \_\_\_\_\_ Informs patient of procedure, including risks and benefits and obtains verbal or written consent (if appropriate for circumstances)
- \_\_\_\_\_ Observes universal precautions
- \_\_\_\_\_ Positions patient properly
- \_\_\_\_\_ Maintains proper sterile technique
- \_\_\_\_\_ Skin prep appropriate for procedure
- \_\_\_\_\_ Appropriate local anesthesia
- \_\_\_\_\_ Needle aimed at proper angle and direction
- \_\_\_\_\_ Resident able to analyze and correct potential reasons for unsuccessful procedure
- \_\_\_\_\_ Venous blood obtained
- \_\_\_\_\_ Wire introduced and syringe removed
- \_\_\_\_\_ Skin cut made prior to inserting catheter dilator
- \_\_\_\_\_ Wire withdrawn as catheter advanced
- \_\_\_\_\_ Confirmation of port function
- \_\_\_\_\_ Catheter secured in place

\_\_\_\_\_ Patient cleaned and proper dressing applied

\_\_\_\_\_ Sharps disposed of in appropriate container

\_\_\_\_\_ Check the patient clinically

\_\_\_\_\_ Confirmatory x-ray ordered and reviewed as necessary

**Assessment:**                      **Unsatisfactory**      **Proficient**                      **Mastered**

**Comments:**

**Faculty Signature:** \_\_\_\_\_