

CVL insertion checklist

High risk CVL (if high risk call for senior help and supervision)

<input type="checkbox"/> Not high risk	<input type="checkbox"/> Predicted difficult anatomy	<input type="checkbox"/> Difficult ultrasound anatomy	<input type="checkbox"/> Multiple attempts (>3 attempts)
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Checkpoints to avoid CVL complications

- ☐ Insertion site of the needle should not be below the cricoid membrane
- ☐ View of (carotid) artery and vein side by side as much as possible
- ☐ Use of short axis view so that (carotid) artery and vein is seen on the same plane
- ☐ Needle should be inserted medially to the vein and directed laterally
- ☐ Visualisation of needle tip into the vein
- ☐ Visualisation of the wire in the vein down to as low as possible after needle is withdrawn
- ☐ Hand on wire from wire insertion to wire extraction from the patient
- ☐ If arrhythmia arises, withdrawal wire slowly until arrhythmia resolves
- ☐ Designated person to be notified of wire insertion and check for statement of wire removal
- ☐ Wire seen in the vein down the entirety of the neck
- ☐ Blood aspirated looks venous and there are no signs of pulsation. If not, fill below

If wire is seen in the vein, but blood aspirated looks arterial or pulsatile, then placement has been confirmed by:

<input type="checkbox"/> Pressure transduction of the catheter/syringe/needle	<input type="checkbox"/> Arterial and line blood gases compared
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Confirmation of line position

- ☐ CXR alone, reviewed on desktop and wire is absent and there is no pneumothorax
- ☐ Pressure transduction of the line
- ☐ Comparison of simultaneous arterial and line blood gases