

CVC Line

1. Hospital name

2. Patient ID/Initials

3. Date and time of procedure

Example: January 7, 2019 11:03 AM

4. Age

5. Gender

Mark only one oval.

Male

Female

Unknown

Other: _____

6. Location

Mark only one oval.

- Intensive Care
- Emergency Department
- Operating Room
- Other: _____

Laboratory tests

Laboratory tests prior to procedure

7. Haemoglobin (g/L)

8. Platelet count (X 10⁹)

9. INR

10. APTT

Medications

11. Is the patient on anti-platelet agents?

Mark only one oval.

- Yes
- No
- Unknown

12. Choose the anti-platelet agents

Mark only one oval.

- Clopidogrel
- Aspirin
- Parugrel
- Ticlodipine
- N/A
- Other: _____

13. Date and time of the last dose

Example: January 7, 2019 11:03 AM

14. Is the patient on anticoagulants?

Mark only one oval.

- Yes
- No
- Unknown

15. Choose the anticoagulant

Mark only one oval.

- Warfarin
- Heparin
- Apixaban
- Dabigatran
- N/A
- Other: _____

16. Date and time of the last dose

Example: January 7, 2019 11:03 AM

CVC Line

17. Procedure site

Mark only one oval.

- Right
- Left

18. Artery site

Mark only one oval.

- Internal Jugular
- Subclavian
- Femoral

19. Number of attempts

20. Catheter length (cm)

Mark only one oval.

15

20

Unknown

21. Catheter- Guidewire removed?

Mark only one oval.

Yes

No

Other: _____

22. Ultrasound used

Mark only one oval.

Yes

No

Other: _____

23. Catheter site secured?

Mark only one oval.

- Stitched
- Statlocked
- Other: _____

24. Catheter position confirmed by Chest X-Ray?

Mark only one oval.

- Yes
- No

Investigations

25. Central Venous Gas (VBG)- pH

26. VBG- PaO₂

27. VBG-PCO₂

28. VBG- ScVO₂

29. VBG- FiO₂

30. Complications

Mark only one oval.

Bleeding

Pneumothorax

Other: _____

This content is neither created nor endorsed by Google.

Google Forms

