

Name: (person performing procedure)	_____
Supervising Physician's Name:	_____
Medical Record Number: (patient)	_____
Date:	_____

**Clinical Competence Evaluation Tool
Central Venous Access**

Critical Actions

Yes	No	Action
		Informed consent obtained (if able)
		Pt. positioned properly and comfortably
		Universal barrier protection utilized
		Sterile Skin prep performed
		Landmarks located
		Needle Orientation appropriate
		Venous blood obtained
		Guide wire inserted and always secured
		Skin incision made
		Tract dilated
		Catheter inserted to appropriate depth
		All ports flushed
		Catheter sutured/secured in place
		Position checked by radiograph if appropriate

Non-Critical Actions

Yes	No	Action
		Procedure explained to patient in professional caring manner
		Complete equipment obtained prior to beginning procedure (kit, gloves, dressing)
		Ultrasound guidance used as applicable
		Anesthesia adequate for procedure
		Dressing applied
		Patient cleaned and repositioned for comfort

Comments:
