DO NOT FORGET · THE SHORT CHECKLIST



Central venous cannulation

Ultrasound-guided Seldinger insertion of a central venous catheter (internal jugular, femoral or subclavian) for vasoactive drugs, reliable access and central monitoring.

EM Orbit

Patient reference	Date	Time	Completed by

The 7 steps that must not be missed

- [ ] DURING
If bright red, pulsatile blood or an arterial puncture occurs, remove the needle and apply firm pressure for at least 5 minutes.
Do not proceed to dilation.

- [ ] DURING
Never force the guidewire.
If resistance is felt, withdraw the wire and the needle together and re-puncture; withdrawing the wire alone through the needle can shear it.

- [ ] DURING
Keep hold of the guidewire at all times.
A wire released inside the patient can migrate into the circulation.

- [ ] DURING
Confirm the guidewire is in the vein before dilating.
Visualise the wire within the vein in long axis and follow it into the central vein; if doubt remains, use manometry or a venous blood gas via a small cannula. Dilating an artery can cause catastrophic haemorrhage or stroke.

- [ ] DURING
Confirm the complete guidewire is in your hand and show it to the assistant.
A retained guidewire is a never event.

- [ ] AFTER
Do not use the line for vasoactive drugs until position is confirmed, unless the clinical situation cannot wait and venous placement has been proven.
Document the reason if used before the radiograph.

- [ ] AFTER
When removing an internal jugular or subclavian line, place the patient flat or head-down, ask them to exhale or perform a Valsalva manoeuvre, then apply an occlusive dressing.
Removal with the patient sitting up risks air embolism.



The short list: an aid to memory, not the whole procedure. The full checklist is at the QR code. It does not replace your local protocol or your clinical judgement.