Central Venous Catheter Daily Check Log

Child Name		**DOB**		**School**		**Grade**	
Parent/ Guardian		**Phone Number**		**Provider**		**Phone**	

Place check mark in each column when checked. This check should be completed when child arrives for the day and as needed.
Temperature check: 100.4 or higher call parent or 911 (See IHP).
Emergency Kit present: sterile clear dressing, sterile gauze, plastic clamps, tape, mask, gloves
Cap check: Is the cap tight?
Line check including clamps: Any weakness or leaking? Are all clamps clamped? Clamps in correct spot (Hickman/Broviac, HD)?
Insertion site check: Any signs of redness, swelling, drainage?
Dressing check: Is the dressing intact and edges flat down? Is dressing clean and dry?
Swelling of the face, neck or arm noted? If yes, call parents ASAP. If having trouble breathing with swelling, call 911.

Date & Time	Initials	Temp (°C/°F)	Emergency Kit Present	Caps Checked	Line Checked	Site Checked	Dressing Checked	Comments

Nurse/Delegator (Print) _____ Nurse/Delegator Signature _____ Date _____

Unlicensed Assistive Personnel (UAP)/Delegatee (Print) _____ UAP/Delegatee Signature _____ Initials_____

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