

Central Venous Catheter Daily Check Log

Student Name		DOB		School		Grade	
Parent/ Guardian		Phone Number/s		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 Tegaderm, 2x2, plastic clamps, tape

Cap check: Is the cap tight?

Line check including clamps: Any weakness or leaking? Are all clamps clamped? Clamps in correct spot (Hickman/Broviac)?

Insertion site check: Any signs of redness, swelling, drainage?

Bandage check: Is the bandage intact and edges flat down? Is dressing clean and dry?

Swelling of face, neck or arm noted? If yes, call parent ASAP, if having trouble breathing with swelling, call 911.

[illegible]

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

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

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