

## Central Venous Catheter Daily Check Log

<b>Student Name</b>		<b>DOB</b>		<b>School</b>		<b>Grade</b>	
<b>Parent/Guardian</b>		<b>Phone Number/s</b>		<b>Provider</b>		<b>Phone</b>	

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.

Nurse/Delegator (Print) \_\_\_\_\_ Nurse/Delegator Signature \_\_\_\_\_ Date \_\_\_\_\_

Unlicensed Assistive Personnel (UAP)/Delegatee (Print) \_\_\_\_\_ UAP/Delegatee Signature \_\_\_\_\_ Initials \_\_\_\_\_

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