

Neonatal Procedure Note for Umbilical Lines

Date: _____ Time: _____

- TIME OUT:** A time-out was completed verifying correct patient, procedure, site, positioning, and implant(s) and/or special equipment prior to beginning this procedure.
 Emergent procedure

Umbilical Line Placement: UAC UVC

- Indication: Infant with need for nutrition/medication administration
 Infant with need for frequent blood sampling, continuous blood pressure monitoring

Performed by: _____ Assisted by: _____

Infant positioned in a supine position with a _____ vessel cord. Site prepped and draped in sterile fashion per nursery policy and protocol.

A _____ Fr single lumen catheter was inserted into the umbilical artery and advanced to _____ cm and secured to umbilicus.

- UAC flushes and draws without vasospasm. Yes No, explain: _____
 UAC unsuccessful

A _____ Fr single double lumen catheter was inserted into the umbilical vein and advanced to _____ cm and secured to umbilicus.

- UVC flushes and draws readily. Yes No, explain: _____
 UVC unsuccessful

Infant tolerated procedure: Yes No, explain: _____

Complications: None Yes, explain: _____

Estimated blood loss _____ mL

Pain was adequately controlled by: comfort measures _____

CXR with KUB ordered to confirm placement

NNP signature Date/Time

Attending Note: I performed the procedure myself.

I was: present at the bedside during this procedure immediately available

Attending signature Date/Time

Umbilical Line Confirmation:

Date: _____ Time: _____

CXR with KUB confirmed UAC placement at _____ and UVC placement at _____.

UAC required adjustment after xray: No Yes, explain: _____

UVC required adjustment after xray: No Yes, explain: _____

Signature/Credentials Date/Time

