



SOUTH DAKOTA BOARD OF NURSING

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Dialysis Technician Central Line: Skills Lab Checklist & RN Observation Form

Complete checklist for each technician during skills lab portion of training program; RN to UDT ratio must be 1:1.
**Use additional facility checklists to meet specific facility practice policies.*

Dialysis Technician Name: _____

Dialysis RN Evaluator Name: _____

UDT Skills Lab Demonstration:		Dialysis Technician's Clinical Observation of RN:	
Central Line Initiation	<input type="checkbox"/> Wears mask and performs hand hygiene	Central Line Initiation	3 observations required:
	<input type="checkbox"/> Applies clean gloves		Date of 1 st :
	<input type="checkbox"/> Verbalizes looking for redness, swelling, drainage		Date of 2 nd :
	<input type="checkbox"/> Verbalizes looking for visible central line cuff		Date of 3 rd :
	<input type="checkbox"/> Clamps the catheter; removes caps (as applicable)		Date:
	<input type="checkbox"/> Scrubs catheter hub with antiseptic		Date:
	<input type="checkbox"/> Allows hub antiseptic to dry		Date:
	<input type="checkbox"/> Aspiration of heparin or saline with correct sized syringe		Date:
	<input type="checkbox"/> Connects catheter to blood lines aseptically		Date:
<input type="checkbox"/> Removes gloves and performs hand hygiene	Date:		
Central Line Discontinuation	<input type="checkbox"/> Wears mask and performs hand hygiene	Central Line Discontinuation	3 observations required:
	<input type="checkbox"/> Applies clean gloves		1 st Date:
	<input type="checkbox"/> Clamps the catheter and blood line		2 nd Date:
	<input type="checkbox"/> Disconnects catheter from blood lines aseptically		3 rd Date:
	<input type="checkbox"/> Scrubs the catheter hub with antiseptic		Date:
	<input type="checkbox"/> Allows hub antiseptic to dry		Date:
	<input type="checkbox"/> Attaches new caps aseptically (as applicable)		Date:
	<input type="checkbox"/> Identifies correct lumen volume; instills heparin/saline aseptically post treatment		Date:
	<input type="checkbox"/> Maintains positive pressure in the catheter lumen		Date:
<input type="checkbox"/> Removes gloves and performs hand hygiene	Date:		
Aseptic Dressing Change	<input type="checkbox"/> Wears mask, remove dressing, performs hand hygiene	Aseptic Dressing Change	3 observations required:
	<input type="checkbox"/> Verbalizes looking for redness, swelling, drainage		1 st Date:
	<input type="checkbox"/> Verbalizes looking for visible central line cuff		2 nd Date:
	<input type="checkbox"/> Applies clean gloves		3 rd Date:
	<input type="checkbox"/> Applies skin antiseptic		Date:
	<input type="checkbox"/> Allows skin antiseptic to dry		Date:
	<input type="checkbox"/> Does not contact exit site after antiseptis		Date:
	<input type="checkbox"/> Applies dressing aseptically		Date:
	<input type="checkbox"/> Removes gloves and performs hand hygiene		Date:
Complications	Verbally describes the steps or actions to take to address situations, and when to seek help or report to RN:		
	<input type="checkbox"/> Caps or dressing not in place prior to initiation		
	<input type="checkbox"/> Redness or drainage at site		
	<input type="checkbox"/> Line disconnection		
	<input type="checkbox"/> Slow blood flow rate		
<input type="checkbox"/> Frequent Arterial Pressure (AP) and Venous Pressure (VP) alarms			