



Dialysis Technician Central Line Annual Skills Performance Direct Observation Checklist Form

Dialysis Technician's Name: _____

Dialysis Initiation (Circle: Y for "yes", N for "no")									
Mask on?	Performed hand hygiene; applied clean gloves?	Catheter clamped? if applicable, caps removed?	Scrubbed hub with antiseptic?	Allowed hub antiseptic to dry?	Connected catheter to blood lines aseptically?	Removed gloves, performed hand hygiene?	Access visible, lines secured?	Date:	RN Evaluator:
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		

Dialysis Discontinuation (Circle: Y for "yes", N for "no")									
Mask on?	Performed hand hygiene; applied clean gloves?	Catheter clamped?	Disconnected catheter from blood lines aseptically?	Scrubbed catheter hub with antiseptic?	Allowed hub antiseptic to dry?	If attached new caps, did so aseptically?	Removed gloves, performed hand hygiene?	Date:	RN Evaluator:
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		

Aseptic Dressing Change (Circle: Y for "yes", N for "no")											
Mask on?	Performed hand hygiene; applied clean gloves?	Removed dressing, performed hand hygiene, applied clean gloves?	Verbalized observed for:		Skin antiseptic:		Contacted exit site after antiseptis?	Applied dressing aseptically?	Removed gloves, performed hand hygiene?	Date:	RN Evaluator:
			signs of infection?	visible catheter cuff?	Applied?	Allowed to dry? (Applied antimicrobial ointment if applicable)					
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		
Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N		

Comments: _____