



Insertion and Central line Bundle Form										
Section (1): Patient and Hospital Information:										
Full Name الإسم الثلاثي					Gender الجنس	Male / ذكر Female/ أنثى	Date of Birth تاريخ الميلاد	DD/MM/YYYY		
National ID الهوية الوطنية/ID	Iqama/ الإقامة	Passport / الجواز	Border Number / رقم الحدود		Additional ID / الهوية الإضافية				
The Number / رقمها					Medical Record / السجل الطبي					
Telephone yes. / رقم الهاتف	Country / الدولة			Region (Health Affairs) / المنطقة (الشؤون الصحية)						
Mobile yes. / رقم الجوال	City / المدينة			Health Center or Health Affairs followed by المركز الصحي أو الشؤون الصحية التي يتبعها						
Address Type نوع العنوان	No fixed address/ لا يوجد عنوان ثابت temporary address / منزل مؤقت			Postal address / العنوان البريدي Vacation home / منزل قضاء العطلات			Primary home / المنزل الرئيسي			
Client HESN ID/ رقم المراجع في حصن.....										
Section 2: Admission and Insertion										
Is the Patient in NICU Yes No				If Yes, Birth weight (Grams).....						
Hospital Admission Date DD/MM/YYYY			Unit Admission Date DD/MM/YYYY			Insertion Date DD/MM/YYYY				
Where is the device inserted Outside ICU (in hospital) OR Outside Hospital Inside ICU Non-admitting unit (e.g ER, OR)										
<i>If device Inserted Outside ICU (in hospital) OR Outside Hospital or in Non-admitting unit (e.g ER, OR) No need to fill section 3</i>										
Operator ID										
Section 3: Central Line Related Details										
Central Line Type:	Type (1)	Permanent		Temporary						
	Type (2)	Non-Tunneled		Tunneled		Port-A-Cath		PICC		
	Lumen	Single		Multiple						
Insertion Site	R Jugular		L Jugular		R Subclavian		L Subclavian		R Femoral L Femoral	
	Umbilical		Other, Specify:.....							
Insertion	Aseptic technique Maintained throughout procedure				Yes		No		ND NA	
	Sterile dressing applied correctly				Yes		No		ND NA	
	Sharps handled safely, safe disposal after procedure				Yes		No		ND NA	
Insertion Compliance	Hand Hygiene				Yes		No		ND NA	
	Maximal Barrier Precautions				Yes		No		ND NA	
For Provider	Cap	Yes No		ND NA		Sterile gloves		Yes No ND NA		
	Mask	Yes No		ND NA		Sterile gown		Yes No ND NA		
For Patient	Large sterile drape			Yes No		ND NA				
	Correct skin antiseptis (Chlorhexidine)			Yes No		ND NA				
	Optimal catheter site selection			Yes No		ND NA				