EMERGENCY DEPARTMENT PROCEDURE NOTE: INTERNAL JUGULAR CENTRAL LINE

CPT Code: 36556

DATE

PHYSICIAN

PREOPERATIVE DIAGNOSIS

POSTOPERATIVE DIAGNOSIS

PROCEDURE PERFORMED

Right internal jugular central line placement.

ANESTHESIA

10 mL of 1% lidocaine plain.

ESTIMATED BLOOD LOSS

10 mL.

SPECIMENS

None.

COMPLICATIONS

None.

INDICATIONS FOR PROCEDURE

The patient is a [ ]-year-old [male/female] s/p _____The patient is in need of large-bore IV access and CVP monitoring for hemodynamic instability.

DESCRIPTION OF PROCEDURE IN DETAIL

The right side of the neck was chosen because the dome of the right lung and pleura is lower, there is a straight line to the atrium and the large thoracic duct is not endangered. The patient was lying in the trendelenburg position with head turned 45 degrees away from the insertion site. The skin was thoroughly sponged with chlorhexidine and allowed to dry. All persons involved were shielded with hairnets, facemasks and sterile gowns. With sterile-gloved hands the right neck area was draped with the large disposable sterile field provided in the kit. The skin and subcutaneous tissues superficial to the right internal jugular vein were anesthetized with ____ mL of 1% lidocaine. The carotid artery was palpated and avoided. The triangle formed by the clavicle and the two heads of the sternocleidomastoid muscle was identified. A finder needle was advanced at a 20-degree angle toward the ipsilateral nipple, lateral to the carotid pulse and slightly superior to the apex of the triangle until the flash chamber was seen to fill with blood. The needle was then held in place while the guide wire was advanced. The needle was then removed. A skin dilator was advanced over the guidewire and removed, then the triple-lumen catheter was advanced over the guide wire into proper position. The guide wire was removed and discarded. The ports were aspirated which showed good blood return indicating proper position into the vein and then carefully flushed with normal saline. The catheter was stabilized and sutured to the skin with 2-0 silk at 2 anchor ports. A sterile bio-occlusive dressing was placed over the catheter, including the insertion site. The patient tolerated the procedure well.