

EMERGENCY DEPARTMENT PROCEDURE NOTE: ULTRASOUND-GUIDED INTERNAL JUGULAR CENTRAL VENOUS CANNULATION

CPT Code: 76937-26 (ultrasound guidance)
36556 (insertion of non-tunneled centrally inserted central venous catheter)

DATE

PHYSICIAN

PREOPERATIVE DIAGNOSIS

POSTOPERATIVE DIAGNOSIS

PROCEDURE PERFORMED

Limited Ultrasound-guided 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 for administration of fluids, including blood products and vasoactive drugs, possible transvenous cardiac pacing and CVP monitoring for hemodynamic instability.

DESCRIPTION OF PROCEDURE IN DETAIL

The patient was lying in the trendelenburg position with head turned 30 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 pre-manufactured kit. The skin and subcutaneous tissues superficial to the right internal jugular vein were anesthetized with ____ mL of 1% lidocaine. The internal jugular vein was identified on ultrasound from the angle of the mandible down into the supraclavicular fossa using the linear ultrasound probe in the transverse orientation. The carotid artery was identified and avoided utilizing color-flow. The internal jugular vein was then placed in the center of the ultrasound field and compressed for patency. A movement artifact was identified as the needle was advanced through the skin and advanced toward the vessel. A real time hyperechoic signal revealed visualization of vascular needle entry into the lumen as blood was noted to flashback in the syringe. The needle was then held in place while the guide wire was advanced. The needle was then removed. Direct visualization of guide wire location within the vein was noted on ultrasound indicating proper placement. A skin dilator was advanced over the guidewire and removed, and the triple-lumen catheter was then advanced over the guide wire into proper position. The guide wire was removed and discarded. The ports were aspirated which showed good blood return and then carefully flushed with normal saline. The catheter was stabilized and sutured to the skin with 2-0 silk at 2 anchor points. A sterile bio-occlusive dressing was placed over the catheter, including the insertion site. The patient tolerated the procedure well. A chest x-ray was ordered for position confirmation. An image recording of the procedure accompanies the chart.