

Appendix 1 – PAL Insertion Sticker

Date ___/___/___	Time __:__	<i>Circle correct answers. Tick all boxes that apply</i>
Operator:		
Parents informed: Before / <u>After</u> / No (write this in case notes please)		
Line Type: Peripheral Artery / Femoral		
Gauge: 24G (Yellow) / 26G (Purple) / Other.....		
Site: Wrist Radial / Post <u>Tibial</u> / <u>Femoral*</u> / <u>Wrist Ulnar*</u>		
Side: Left / Right		
Indication for line: BP monitoring / blood sampling		
<p>Modified Allen’s Test: Occlude both arteries at the wrist until fingers appear blanched. Release pressure on ulnar artery. Observe for circulation returning to hand (flushes pink). If this does not happen in 7 secs DO NOT PROCEED with radial puncture. (If cannulating ulnar artery*, confirm adequate radial circulation). **AVOID both radial and ulnar line attempts in same hand**</p>		
Did Test show adequate collateral circulation: Y / N		
<p>Skin Cleaning: 0.5% Aqueous <u>Chlorhex</u> <input type="checkbox"/> 2% in 70% Alcohol (<u>Chloraprep®</u>) <input type="checkbox"/> (Babies born <34+0 who are <7days old today, use 0.5% Chlorhexidine. Otherwise use 2% + 70% Alcohol)</p>		
Is the line aspirating and flushing: <u>Y</u> / N		
Is there satisfactory distal perfusion: <u>Y</u> / N		
If answer to above is No, remove line		
<p>Technique: Successful Y / N <i>detail</i>.....</p>		
<p><i>*Consultant should be involved in decision to use these sites</i></p>		