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| Navn og CRP på borger: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Centralt Venekateter**  **Observation – Forbindingskift –funktion**  **Tjeckliste SHS-teamet** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **År 20­­\_\_\_\_ DATO** | | | | | | | |  | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | |  | |  |
| **Signatur:** | | | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | |  | | | |  | |  |
| **Daglige observationer: X= tilstede %= ikke tilstede** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rødme | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | |  | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | |  | | | |  | | |  |
| Varme | | | | |  | | | | | | |  | | |  | | | | | |  | | | |  | | | |  | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | |  | | |  |
| Hævelse | | | | |  | | | | | |  | | | |  | | | | |  | | | |  | | | | |  | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | |  |
| **S**=smerter  **Ø**=Ømhed | | | | |  | | | | | |  | | | |  | | | |  | | | |  | | | | |  | |  | | | | |  | | | |  | | | | | |  | | | |  | | | | | |  | | | |  | | |  |
| Sekretion  P=Pus B=Blod | | | |  | | | | | | |  | | | |  | | | |  | | | |  | | | | |  | |  | | | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | |  |
| **Handllinger: X= tilstede %= ikke tilstede**  Forbinding skiftes hver 7 dag. Injektionsmembran skiftes hver 3 dag eller hvis der har været tilbageløb. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CVK anvendt/skyllet  (ALLE ben skyldes dagligt med 10 ml NaCl) | | |  | | | | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | |  | |
| Forbinding skiftet | |  | | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | |  | |
| Injektionsmembran skiftet |  | | | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | |  | |
| CVK anlagt/skiftet |  | | | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | |  | |
| Tilbageløb på kateteret |  | | | | | | | |  | | | |  | | | |  | | | | |  | | | | |  | | | |  | |  | | | |  | | | | | |  | | | | |  | | | | | |  | | | |  | | |  | |
| Bemærkninger: (skriv dato og signatur) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |