

## Appendix 1: Data Collection Sheet Sample

### Compass Central Line Worksheet

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Site \_\_\_\_\_ Investigator Initials \_\_\_\_\_

CATHETER INFORMATION	
Kit Manufacturer:	<input type="checkbox"/> Arrow <input type="checkbox"/> Cook <input type="checkbox"/> Bard <input type="checkbox"/> Other: _____
Gauge of introducer needle/angiocatheter: _____	Guidewire size: _____
French Size of Catheter: _____	# of Lumens: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Insertion Site:	<input type="checkbox"/> Jugular <input type="checkbox"/> Subclavian <input type="checkbox"/> Femoral <input type="checkbox"/> Other _____
Side of Body:	<input type="checkbox"/> Left <input type="checkbox"/> Right
Clinical Setting:	<input type="checkbox"/> Elective <input type="checkbox"/> Emergent
Location:	<input type="checkbox"/> OR <input type="checkbox"/> ED <input type="checkbox"/> ICU <input type="checkbox"/> Procedure Rm. <input type="checkbox"/> Other _____
Was operator a trainee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
CLINICAL INFORMATION (IF AVAILABLE)	
Age: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Arterial Blood pressure: _____ / _____	O <sub>2</sub> Sat: _____
ASA Status: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Height: _____ (cm)
	Weight: _____ (Kg)
ULTRASOUND USE	
Used to identify anatomy:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used live during procedure:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If live: Used to visualize needle in vein	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used to visualize wire in vein	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of technique used (can check both)	<input type="checkbox"/> Short Axis <input type="checkbox"/> Long Axis
COMPASS DEVICE USE	
Pressure reading when vessel entered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, pressure: _____ mm Hg
Guidewire inserted through Compass port?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, pressure: _____ mm Hg
Satisfaction with Compass:	
1: Completely Dissatisfied	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
5: Indifferent	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
10: Completely Satisfied	<input type="checkbox"/> 10
What could be improved?	_____
	_____
If not using the Compass, I would normally:	<input type="checkbox"/> measure pressure waveform with transducer
	<input type="checkbox"/> measure pressure with tube manometer
	<input type="checkbox"/> not measure pressure
PROCEDURE DETAILS	
Number of needle sticks: _____	Number of wire passes: _____ Number of wires used: _____
If entry site changed secondary to problems placing needle or wire:	First Site: _____ <input type="checkbox"/> N/A
	Second Site: _____
Arterial Puncture:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If puncture, select any that apply:	<input type="checkbox"/> Identified by blood color
	<input type="checkbox"/> Identified by pulsatility
	<input type="checkbox"/> Identified by Compass pressure reading
Arterial Cannulation:	<input type="checkbox"/> Yes (explain) <input type="checkbox"/> No
Other Complications:	<input type="checkbox"/> Yes (explain) <input type="checkbox"/> No
	_____