

## Central Line Insertion Practices Adherence Monitoring Form

\* required for saving

\*Facility ID #: \_\_\_\_\_ \*Event #: \_\_\_\_\_

\*Patient ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Secondary ID #: \_\_\_\_\_

Patient Name, Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

\*Gender: \_\_\_ F \_\_\_ M \*Date of Birth: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

Ethnicity: (Specify) \_\_\_\_\_ Race: (Specify) \_\_\_\_\_

\*Event Type: CLIP \*Location: \_\_\_\_\_ \*Insertion Date: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

\*Person recording insertion practice data: \_\_\_ Inserter \_\_\_ Observer

Central line inserter ID: \_\_\_\_\_ Name: Last \_\_\_\_\_

First \_\_\_\_\_

\*Occupation of inserter: \_\_\_ Attending physician \_\_\_ Intern/Resident \_\_\_ Physician assistant \_\_\_ IV team

\_\_\_ Fellow \_\_\_ Other medical staff \_\_\_ Medical student \_\_\_ Other student

\_\_\_ Other (specify) \_\_\_\_\_

\*Reason for insertion: \_\_\_ New indication for central line  
\_\_\_ Replace malfunctioning central line  
\_\_\_ Suspected central line-associated infection \_\_\_ Other (specify) \_\_\_\_\_

\*Inserter performed hand hygiene prior to central line insertion: \_\_\_ Y \_\_\_ N

\*Maximal sterile barrier precautions used: Mask/Eye shield \_\_\_ Y \_\_\_ N

Sterile gown \_\_\_ Y \_\_\_ N

Large sterile drape \_\_\_ Y \_\_\_ N

Sterile gloves \_\_\_ Y \_\_\_ N

Cap \_\_\_ Y \_\_\_ N

\*Skin preparation (check all that apply): \_\_\_ Chlorhexidine gluconate \_\_\_ Povidone iodine \_\_\_ Alcohol

\*Was skin preparation agent completely dry at the time of first skin puncture? \_\_\_ Y \_\_\_ N

\*Insertion site: \_\_\_ Jugular \_\_\_ Subclavian \_\_\_ Umbilical \_\_\_ Femoral \_\_\_ Upper extremity (PICC)

Antimicrobial coated catheter used: \_\_\_ Y \_\_\_ N

\*Central line catheter type: \_\_\_ Non-tunneled (other than dialysis) \_\_\_ Umbilical

\_\_\_ Tunneled (other than dialysis) \_\_\_ PICC

\_\_\_ Dialysis non-tunneled \_\_\_ Other

(specify) \_\_\_\_\_

\_\_\_ Dialysis tunneled

\*Number of lumens (circle one): 1 2 3 ≥ 4

**Assurance of Confidentiality:** The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a **central line exchanged over a guidewire** for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

\*Antiseptic ointment applied to site: \_\_\_ Y \_\_\_ N

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Custom Fields

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