OMB No. xxxx-xxxx
Exp. Date: xx-xx-20xx

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

*Central line exchanged over a guidewire: __ Y __ N

*Antiseptic ointment applied to site: __ Y __ N

Custom Fields

Label		Label	
_____	____/____/____	_____	____/____/____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments