

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

Custom Fields

Label

____/____/____

Label

____/____/____

Comments

DRAFT