

Central Line Insertion Practices Adherence Monitoring

*required for saving

Facility ID: _____ Event# _____

*Patient ID: _____ Social Security#: _____ - _____ - _____

Secondary ID: _____

Patient Name, Last: _____ First: _____ Middle: _____

*Gender: F M Other *Date of Birth: ____/____/____ (mm/dd/yyyy)

Ethnicity (specify): _____ Race (specify): _____

*Event Type: CLIP *Location: _____ *Date of Insertion: ____/____/____ (mm/dd/yyyy)

*Person recording insertion practice data: Inserter Observer

Central line inserter ID: _____ Name, Last: _____ First: _____

*Occupation of inserter:

Fellow Medical student Other student Other medical staff

Physician assistant Attending physician Intern/Resident Nurse

Advanced practice nurse Other (specify) _____

*Was inserter a member of PICC/IV Team? Y N

*Was this central line placed emergently (i.e., during a medical emergency to address an immediately life-threatening condition)? Y N

*Reason for insertion:

New indication for central line (e.g., hemodynamic monitoring, fluid/medication administration, etc.)

Replace malfunctioning central line

Suspected central line-associated infection

Other (specify) _____

If Suspected central line-associated infection, was the central line exchanged over a guidewire? Y N

*Was ultrasound guidance used to place this central line? Y N

*Inserter performed hand hygiene prior to central line insertion: Y N (if not observed directly, ask inserter)

*Maximal sterile barriers used: Mask 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

Other (specify): _____

If skin prep choice was not chlorhexidine, was there a contraindication to chlorhexidine? Y N

*Was skin prep agent completely dry at time of first skin puncture? Y N (if not observed directly, ask inserter)

*Insertion site: Femoral Jugular Lower extremity Scalp Subclavian Umbilical Upper extremity

Antimicrobial coated catheter used: Y N

*Central line catheter type:

Non-tunneled (other than dialysis) PICC

Tunneled (other than dialysis) Umbilical

Dialysis non-tunneled Other (specify): _____

Dialysis tunneled

(*'Other' should not specify brand names or number of lumens; most lines can be categorized accurately by selecting from options provided.)

*Did this insertion attempt result in a successful central line placement? Y N

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