



Central Line Insertion Practices Adherence Monitoring

Page 1 of 2

*required for saving

Facility ID: _____		Event #: _____	
*Patient ID: _____		Social Security #: _____ - _____ - _____	
Secondary ID: _____		Medicare #: _____	
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 ☐ Registered nurse			
☐ Advanced practice nurse ☐ Other (specify): _____			
*Was inserter a member of PICC/IV Team? ☐ 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			
*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 <u>not</u> chlorhexidine, was there a contraindication to chlorhexidine? ☐ Y ☐ N ☐ U			
If there was a contraindication to chlorhexidine, indicate the type of contraindication:			
☐ Patient is less than 2 months of age - chlorhexidine is to be used with caution in patients less than 2 months of age			
☐ Patient has a documented/known allergy/reaction to CHG based products that would preclude its use			
☐ Facility restrictions or safety concerns for CHG use in premature infants precludes its use			
*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			
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Page 2 of 2

*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

Custom Fields

Label

_____	____/____/____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Label

_____	____/____/____
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Comments