



Central Line Insertion Practices Adherence Monitoring

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*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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Public reporting burden of this collection of information is estimated to average 25 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).			
CDC 57.125 (Front) Rev 5, v8.8			



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*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	
_____	____/____/____	_____	____/____/____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments