

Central Line-Associated Bloodstream Infection (CLABSI) Case Review

Background/Instructions for Use

- The CLABSI [case definition](#) is for surveillance of healthcare-associated infections and is not based on clinical decision-making practices. The infection is *associated* with a central venous catheter (CVC) and may not be *caused by* the CVC.
- A unit-based, interdisciplinary root cause analysis (RCA) of each CLABSI is recommended; this Case Review form will aid in this process.
- For more information on this recommendation, please see the following PowerPoint presentation:



CLABSI RCA and
Recovery Tools pptx

Patient Name:	MRN:	Date of Admission:
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Infection Data

Type of CLABSI: Pathogen Common Skin Commensal Mucosal Barrier Injury

Organism(s): Date patient met CLABSI criteria: Unit:

CVC Data

Type and site of CVC #1:

Date of insertion:

Unit of insertion:

Date of removal:

days CVC present prior to positive blood culture:

Type and site of CVC #2:

Date of insertion:

Unit of insertion:

Date of removal:

days CVC present prior to positive blood culture:

Risk Factors for Infection

Immunocompromised Yes No

Compromised skin integrity Yes No

Endotracheal tube present Yes No

NCPAP/Nasal cannula present Yes No

Feeding tube present Yes No

 Continuous indwelling Yes No N/A

Infusates in past 72 hours (select all that apply):

TPN Lipids Blood products Steroids (3 x physiologic doses)

Could the CVC have been discontinued sooner? Yes No N/A

Infection at another site within 7 days of CLABSI determination? Yes No

 If so, where?

Other risk factors:

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Considering all blood cultures drawn for this sepsis workup:

peripheral blood cultures drawn: _____ # peripheral positive: _____
CVC cultures drawn: _____ # CVC positive: _____

Were peripheral blood cultures drawn [per policy](#)?

Line Care and Maintenance

days PIV present (if multiple sites, note only longest): _____
Estimate # IV start attempts in last 72 hours: _____
Estimate total # times all lines accessed during the last 72 hours (meds/blood draws/tubing changes, etc): _____
Last date of CVC tubing changed: ___/___/___
Last date of CVC dressing change: ___/___/___

Line-related phlebitis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compromised dressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stool/Urine onto line dressing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Line repaired/exchanged in past 48 hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Line leaking events in past 48 hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Care by temporary staff in past 48 hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Care by non-unit-based staff in past 48 hours	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Tubing/infusate NOT changed appropriately (method/time): _____

Other issues noted:

CLABSI Prevention Measures

Patient received CHG bath/shower in 48 hours prior to CLABSI (ICU and 14K) Yes No N/A
If not, why not? _____
Port protector on needless connectors in place if used in your unit Yes No N/A
Antibacterial patch in use Yes No
If yes, type: Biopatch Other (please specify): _____
If no, why not? _____

Other prevention measures:

Outcome (mark all that apply): CVC Removal CVC Replaced Therapy on Unit Death Transfer to ICU Antibiotic(s) used: _____

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Interdisciplinary Review of Case

Date of Review: ___/___/___

Facilitator: _____

Additional comments and lessons learned:

Action Plan: