

CLABSI PREVENTION: CENTRAL LINE MAINTENANCE

MET (GREEN)	DATE: _____ PATIENT ID: _____	NOT MET (RED)
	SHIFT: <input type="checkbox"/> DAY <input type="checkbox"/> NIGHT	
	CATHETER TYPE: <input type="checkbox"/> PICC <input type="checkbox"/> GROSH <input type="checkbox"/> PAC <input type="checkbox"/> NEOSTAR <input type="checkbox"/> OTHER	
<input type="checkbox"/> YES	THE NEED FOR THIS PATIENT'S INTRAVASCULAR ACCESS WAS ASSESSED TODAY.	<input type="checkbox"/> NOT DONE
<input type="checkbox"/> YES	IS THE PATIENT RECEIVING DAILY CHG CLEANSING?	<input type="checkbox"/> NOT DONE
<input type="checkbox"/> YES	EXTERNAL DRESSING ASSESSED FOR: <input type="checkbox"/> DRESSING CLEAN/DRY/INTACT <input type="checkbox"/> BIOPATCH DRY/INTACT <input type="checkbox"/> DRESSING DATE/INITIALS LABELED <input type="checkbox"/> CONNECTORS CLEAR/NO BLOOD	<input type="checkbox"/> NOT DONE
IF YES, CHOOSE ONE BELOW: <input type="checkbox"/> 7 DAYS SINCE TRANSPARENT DRESSING CHANGED <input type="checkbox"/> 2 DAYS SINCE GAUZE DRESSING CHANGED <input type="checkbox"/> DRESSING WAS SOILED, LOOSE, DAMP <input type="checkbox"/> ANOTHER REASON, EXPLAIN IN COMMENTS BELOW	WAS DRESSING CHANGED IF APPROPRIATE? <input type="checkbox"/> YES <input type="checkbox"/> DID NOT MEET CRITERIA	<input type="checkbox"/> NOT DONE
<input type="checkbox"/> W/O PROMPTING <input type="checkbox"/> W/ PROMPTING	DID STAFF PERFORM HAND HYGIENE BEFORE GLOVING?	<input type="checkbox"/> NOT DONE
<input type="checkbox"/> W/O PROMPTING <input type="checkbox"/> W/ PROMPTING	DID STAFF GLOVE BEFORE ACCESSING?	<input type="checkbox"/> NOT DONE
<input type="checkbox"/> W/O PROMPTING <input type="checkbox"/> W/ PROMPTING	DID STAFF PERFORM HAND HYGIENE AFTER REMOVING GLOVES?	<input type="checkbox"/> NOT DONE
<input type="checkbox"/> W/O PROMPTING <input type="checkbox"/> W/ PROMPTING	WAS THE HUB/CONNECTOR CLEANED FOR AT LEAST 15 SECONDS?	<input type="checkbox"/> NOT DONE
<input type="checkbox"/> W/O PROMPTING <input type="checkbox"/> W/ PROMPTING	IF YES, WAS SOLUTION ALLOWED TO AIR DRY COMPLETELY?	<input type="checkbox"/> NOT DONE
<input type="checkbox"/> W/O PROMPTING <input type="checkbox"/> W/ PROMPTING	WAS EACH LUMEN CHECKED FOR BLOOD RETURN?	<input type="checkbox"/> NOT DONE
<input type="checkbox"/> W/O PROMPTING <input type="checkbox"/> W/ PROMPTING	WAS EACH LUMEN FLUSHED WITH 10ML NS WITH PUSH-PAUSE METHOD?	<input type="checkbox"/> NOT DONE
	IS INFUSION TUBING DATE CURRENT? <input type="checkbox"/> PRIMARY TUBING WITHIN 96 HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> SECONDARY TUBING WITHIN 24 HOURS <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> W/O PROMPTING <input type="checkbox"/> W/ PROMPTING	IF CHANGING, DID STAFF PERFORM PROPER HAND HYGIENE WHILE CHANGING THE TUBING?	<input type="checkbox"/> NOT DONE