Central Line Insertion Practices Adherence Monitoring

Unit: _____

Patient ID: _____

Date: ___ / ___ /_____

Patient Name, Last: _____   First: _____

Gender: ☐ F   ☐ M

Date of Birth: __ _/_ __/_____

Person recording insertion practice data: ☐ Inserter   ☐ Observer

Occupation of inserter:

- o   ☐ Fellow

- o   ☐ Attending physician

- o   ☐ Resident

- o   ☐ Nurse

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

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:

- ▪ ☐ Chlorhexidine gluconate

- ▪ ☐ Povidone iodine

- ▪ ☐ Alcohol

Was skin prep agent completely dry at time of first skin puncture?   ☐ Y   ☐ N

Insertion site:

- ➢ ☐ Femoral

- ➢ ☐ Jugular

- ➢ ☐ Lower extremity

- ➢ ☐ Subclavian

- ➢ ☐ Umbilical

- ➢ ☐ Upper extremity

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