

# PART 5: APPENDICES

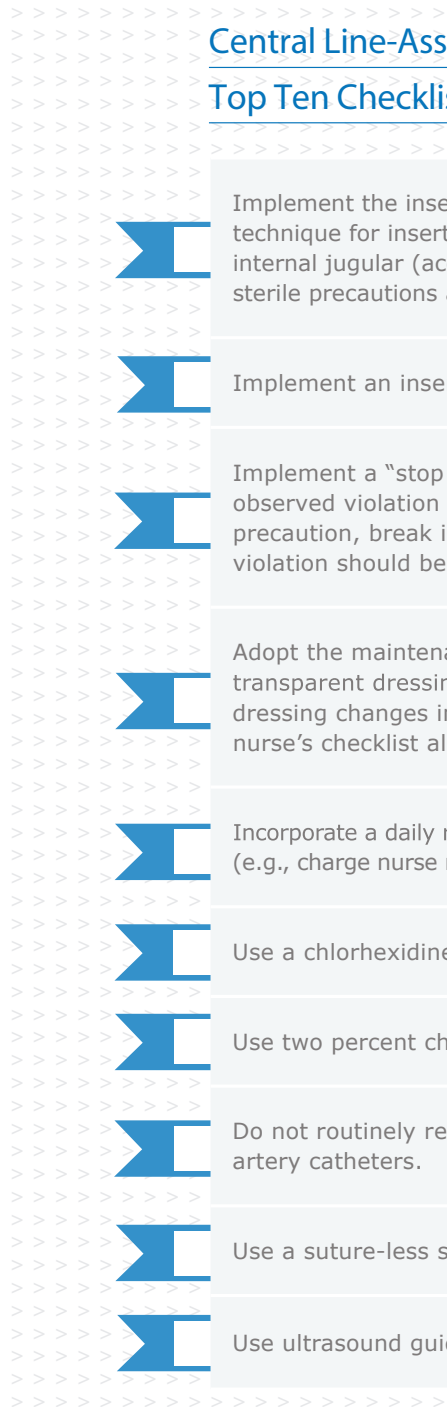
## APPENDIX I: TOP TEN CHECKLIST

Associated Hospital/Organization: HRET HIIN

Purpose of Tool: A checklist to review current or initiate new interventions for CLABSI prevention in your facility

Reference: [www.hret-hiin.org](http://www.hret-hiin.org)

### Central Line-Associated Bloodstream Infections (CLABSI) Top Ten Checklist



Implement the insertion bundle: procedural pause, hand hygiene, aseptic technique for insertion and care, site selection of subclavian (preferred) or internal jugular (acceptable), avoidance of femoral vein in adults, maximal sterile precautions and skin prep with two percent chlorhexidine.

Implement an insertion checklist to promote compliance and monitoring.

Implement a "stop the line" approach to the insertion bundle. If there is an observed violation of infection control practices (e.g., maximal sterile barrier precaution, break in sterile technique), line placement should stop and the violation should be corrected.

Adopt the maintenance bundle with dressing changes (every seven days for transparent dressings), line changes and IV fluid changes. Incorporate dressing changes into daily assessment and review. Can be part of charge nurse's checklist along with the daily review of line necessity.

Incorporate a daily review of line necessity and maintenance bundle into workflow (e.g., charge nurse rounds). Use an electronic health care record prompt.

Use a chlorhexidine impregnated sponge dressing.

Use two percent chlorhexidine impregnated cloths for daily skin cleansing.

Do not routinely replace CVCs, PICCs, hemodialysis catheters or pulmonary artery catheters.

Use a suture-less securement device.

Use ultrasound guidance to place lines if this technology is available.