

Central Line Maintenance Audit Form

Audit Date: ____/____/20____

Addressograph Here

1. Was the need for a central line for this patient discussed on patient rounds? <input type="checkbox"/> Yes <input type="checkbox"/> Yes, as part of Daily Goals <input type="checkbox"/> No
2. Was proper hand hygiene used by all personnel involved in line care for this patient (i.e., Hand washing with soap and water or with alcohol-based hand sanitizer.)? <input type="checkbox"/> Yes <input type="checkbox"/> No, not during: _ Dressing change _ Accessing the line __ Port/clave change __ Other
3. If the line was percutaneously placed, was this line placed in a recommended site? <input type="checkbox"/> Yes (IJ, SC) <input type="checkbox"/> No (femoral)
4. Was the dressing changed during this shift? <input type="checkbox"/> Yes, changed because: <input type="checkbox"/> Dressing soiled, damp or non-occlusive <input type="checkbox"/> Due to be changed (7 days for transparent OR Q. day for gauze) <input type="checkbox"/> Changed by specific team (e.g., PICC, TNA) <input type="checkbox"/> Dressing was overdue to be changed? _____ days for transparent _____ days for gauze <input type="checkbox"/> No, not changed because <input type="checkbox"/> It was intact and not due <input type="checkbox"/> It was due but could not be completed. Explain:
5. Was Chloraprep® or 2% chlorhexidine in 70% Isopropyl alcohol used for skin antiseptis? <input type="checkbox"/> Yes: Was it used appropriately? <input type="checkbox"/> Scrub vigorously back and forth for 30 seconds <input type="checkbox"/> Groin sites 2 minutes <input type="checkbox"/> Air dry up to 2 minutes <input type="checkbox"/> No, Explain <input type="checkbox"/> No, Povidone iodine used Secondary to allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain Did scrub comply with recommendations? 1. Clean with soap and water or alcohol, air dry 2. Povidone iodine air dry 2 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain
6. Were central line tubing and all additions (secondary tubing, etc.) changed during this shift? <input type="checkbox"/> Yes, completed because: <input type="checkbox"/> Tubing due to be changed <input type="checkbox"/> 72 hours since last change <input type="checkbox"/> 24 hours for intralipids <input type="checkbox"/> Medication tubing expired <input type="checkbox"/> No, not completed because <input type="checkbox"/> Not due to be changed <input type="checkbox"/> Due but could not be completed, Explain
7. Was there blood return from each lumen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to assess <i>Please specify lumen:</i> _____ <i>(infusion can't be stopped)</i>
USE OF ADVANCED TECHNOLOGY
8. Was a chlorhexidine impregnated BioPatch used? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Was a chlorhexidine impregnated occlusive dressing used? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Was an antibiotic coated catheter used at insertion? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. What will you change to improve line maintenance practices?

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