OMB No. 0920-0666
Exp. Date: xx-xx-200x

Central Line Insertion Practices Adherence Monitoring

*required for saving

Facility ID:_____ Event#_____

*Patient ID:_____ Social Security#: __ __ __ - __ __ - __ __ __ __

Secondary ID: _____

Patient Name, Last: _____ First: _____ Middle:_____

*Gender: ☐ F ☐ M *Date of Birth: ____/_____/_____ (mm/dd/yyyy)

Ethnicity (specify): _____ Race (specify): _____

*Event Type: CLIP *Location:_____ *Date of Insertion: ____/_____/_____ (mm/dd/yyyy)

*Person recording insertion practice data: ☐ Inserter ☐ Observer

Central line inserter ID: _____ Name, Last: _____ First: _____

*Occupation of inserter:

☐ Fellow ☐ IV Team ☐ Medical Student ☐ Other medical staff
☐ Physician assistant ☐ Attending physician ☐ Intern/Resident ☐ Other student
☐ Other (specify)_____

*Reason for insertion: ☐ New indication for central line ☐ Replace malfunctioning central line
☐ Suspected central line-associated infection ☐ Other (specify)_____

*Inserter performed hand hygiene prior to central line insertion: ☐ Y ☐ N

*Maximal sterile barrier precautions used: Mask/Eye shield ☐ Y ☐ N Sterile gown ☐ Y ☐ N
Large sterile drape ☐ Y ☐ N Sterile gloves ☐ Y ☐ N
Cap ☐ Y ☐ N

*Skin preparation (check all that apply): ☐ Chlorhexidine gluconate ☐ Povidone iodine ☐ Alcohol

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

*Insertion site: ☐ Femoral ☐ Jugular ☐ Upper extremity (PICC) ☐ Subclavian ☐Umbilical

Antimicrobial coated catheter used: ☐ Y ☐ N

*Central line catheter type:

☐ Dialysis non-tunneled ☐ PICC
☐ Dialysis tunneled ☐ Umbilical
☐ Non-tunneled (other than dialysis) ☐ Other (specify): _____
☐ Tunneled (other than dialysis)

*Number of lumens (circle one): 1 2 3 ≥4

*Central line exchanged over a guidewire: ☐ Y ☐ N

*Antiseptic ointment applied to site: ☐ Y ☐ N

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Custom Fields

Label

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Comments