

CLIP Update 7/9/08 (from info shared by Sue Chen)

1. "The CLIP form will be amended by NHSN to reflect scalp and lower extremity insertion sites. Have them write that in until then." As you know, we included these sites in our form, so no modification on our end will be needed, but it will make it clean to whoever is entering the data that they should be site specific.

2. NHSN has also confirmed CA's statement about wanting 2 CLIP forms completed when placing 2 umbilical lines at the same time. Again, you can work with your ICP to potentially add a section to indicate 2 umbilical lines and the number of lumens. The data entry person will still have to create 2 entries, but we will have less repetition at the bedside in filling out the forms.

Ours looks like this:

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

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

3. We had some questions about this item (*Central line exchanged over a guidewire: Y N) and whether the sheath exchange that is done in the NICU for a damaged or malpositioned catheter should be marked as a yes response. The current answer is to change the wording to guidewire/sheath per the State, but the question will be broached with NSHN, so stay tuned.

4. What is appropriate documentation of line necessity given the following examples that are often seen in charts.

A. PICC required for the infusion of TPN – that receives a gold star from the State

B. TPN infusing via PICC. - is an observation not necessarily or obviously related to consideration of line necessity, per the State.

5. If an attempt to place a line is made but the procedure is unsuccessful and no line is left in place, a CLIP form doesn't need to be submitted.