

Line Management: (cont.)

- C. Diagram a typical line set-up for an umbilical arterial or venous line: Show every connector and tube from the umbilicus back to the parenteral fluid bottle/bag distributed by your pharmacy. **Better yet: Bring a picture of the set-up and also one while a nurse is taking a blood sample.**
- D. Does your UAC/UVC set-up have the essentials of a closed system: umbilical catheter tipped with a Three-Way Stopcock, whose Top Port (Injection Site) is tipped by a needleless Injection Site Device through which needleless entries can be made for withdrawing samples and injecting solutions, medications, etc. Yes/ No (please circle)
- E. What is the name of the company that manufactures the line of products used in your hospital?
- F. What is your policy for removal of central lines when a blood culture is positive?

Line Management: (cont.)

Understand your current line set-up and line entry practices.

Observe and describe at least one instance of your line entry technique when connecting a new **TPN** solution. Items to note: number of nurses involved, sterile field, hand hygiene, and materials used to sterilize the entry point, duration of sterilization maneuver(s). For best results, we recommend that you record three different nurses.

Here is a checklist of items to observe (or if different list your own set of steps):

TPN CHANGE OBSERVATIONS

RN # 1		YES	NO	COMMENTS
1.	Hands antisepsis before IV line manipulations?			
2.	Created sterile field (sterile gauze under connection sites)?			
3.	Cleaned injection ports with <u>alcohol</u> not betadine?			
4.	Used friction when cleaning. (For best results, actually count the number of wiping strokes)			Count: ____
5.	Used Interlink (or equivalent product) lever lock or blunt plastic cannula to access port/injection site?.			If no, describe:

RN # 2		YES	NO	COMMENTS
1.	Hands antisepsis before IV line manipulations?			
2.	Created sterile field (sterile gauze under connection sites)?			
3.	Cleaned injection ports with <u>alcohol</u> not betadine?			
4.	Used friction when cleaning. (For best results, actually count the number of wiping strokes)			Count: ____
5.	Used Interlink (or equivalent product) lever lock or blunt plastic cannula to access port/injection site?.			If no, describe:

RN # 3		YES	NO	COMMENTS
1.	Hands antisepsis before IV line manipulations?			
2.	Created sterile field (sterile gauze under connection sites)?			
3.	Cleaned injection ports with <u>alcohol</u> not betadine?			
4.	Used friction when cleaning. (For best results, actually count the number of wiping strokes)			Count: ____
5.	Used Interlink (or equivalent product) lever lock or blunt plastic cannula to access port/injection site?.			If no, describe:

Line Management: (cont.)

Observe 3 instances of your line entry technique when **drawing a blood sample** from an umbilical line. Items to note: number of nurses/therapists/physicians involved, sterile field, hand hygiene before entry, materials used to sterilize the entry point, duration of sterilization maneuver(s), how the line is broken into and with what.

If you do not have a closed system or have a different set of steps, just list the steps you use in order.

BLOOD DRAWING OBSERVATIONS

RN # 1		YES	NO	COMMENTS
1.	Hands antisepsis before IV line manipulations?			
2.	Created sterile field (sterile gauze under connection sites)?			
3.	Cleaned injection ports with <u>alcohol</u> not betadine?			
4.	Used friction when cleaning. (For best results, actually count the number of wiping strokes)			Count: ____
5.	Used Interlink (or equivalent product) lever lock or blunt plastic cannula to access port/injection site?.			If no, describe:

RN # 2		YES	NO	COMMENTS
1.	Hands antisepsis before IV line manipulations?			
2.	Created sterile field (sterile gauze under connection sites)?			
3.	Cleaned injection ports with <u>alcohol</u> not betadine?			
4.	Used friction when cleaning. (For best results, actually count the number of wiping strokes)			Count: ____
5.	Used Interlink (or equivalent product) lever lock or blunt plastic cannula to access port/injection site?.			If no, describe:

RN # 3		YES	NO	COMMENTS
1.	Hands antisepsis before IV line manipulations?			
2.	Created sterile field (sterile gauze under connection sites)?			
3.	Cleaned injection ports with <u>alcohol</u> not betadine?			
4.	Used friction when cleaning. (For best results, actually count the number of wiping strokes)			Count: ____
5.	Used Interlink (or equivalent product) lever lock or blunt plastic cannula to access port/injection site?.			If no, describe:

3. ***Trending Line-Related Events: describe your process, if any, for tracking and trending line-related infectious events.***

- a. Do you currently count device days? If so, how do you count them (midnight census, administrative data)?
- b. What devices are included in this count (i.e. CVCs, arterial, peripheral IV's)
- c. If an infant has multiple devices, do you consider this as one device day?
- d. Do you stratify device days by birthweight?
- e. What was the number of device days in your unit the last month?