Review Date:	MRN: DOB: Adm: Discharge:
Present:	rum. Discharge.
Brief Summary:	
Infection Criteria Met:	
111.0	
robable Causes:	
Technique Line/Colonization Su	aminated pplies Programme Company Comp
□ No hand hygiene □ No gown or mask	Length of Time
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tubing hanging ut covered end □ Line in place but
sterile technique \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	central access no longer
□ Dressing not changed □ La Dressing not changed □ La Dressing not changed □ La Multiple sticks when □ Blood at insertion □ La	ack of changing line
starting a new line site not removed	□ Expired skin prep changes
☐ Dressing not occlusive ☐ Guidewire touches ☐ Vascular end caps ☐ Line accessed without clean ☐ Dresterile field ☐ Dressing not changed ☐ Dressing not occlusive ☐ Dressi	
technique including alcohol	☐ Outdated IVF & ☐ Length of time line outdated tubing is in place
swabbing of access site Inadequate drape Vascular end cap in before line insertion line with blood left in	☐ Using outdated IVF & ☐ TPN infused via
☐ Poor blood culture drawing technique ☐ Line manipulation the end cap	tubing with new line existing line/lumen
☐ Multifunctional ☐ Treatment of false positive/ ☐ Inexperienced clinicians	□ Nurses are too busy
catheters contaminated blood cultures Resident unfamiliar with policy	☐ Internal to change dressing /
☐ More than ☐ Blood cultures are ☐ Nurses don't know to change one CVC ☐ contaminated and cultures ☐ dressings (not dated)	used MD inserts line alone - too busy to get nurse
/ were drawn through line /	□ Femoral /
ine than / Antibiotic use outside /	sites used Supplemental nursing staff
	e adjacent to heostomy or
Dollar unavailable to	und site and ☐ Inexperienced nursing for drainage staff
I umens Antibiotic Usage physicians and staff or	nto dressing
technique evaluation process	Staffing
Education	ite Selection Acuity/Time

Source: Northern Michigan Regional Hospital

Purpose:

Central Venous Catheter Insertion Care Team Checklist

NOT A PERMANENT PART OF THE PATIENT RECORD

To work as a team to decrease patient harm from catheter-related blood stream infections.

When: During all central venous or central arterial line insertions or re-wires.							
В	y Whom:	Registered Nurse or Technician.					
•	and correct the violation.						
2.	Room number/	location of insertion:	e of Physician/PA/RN Inserting:				
3.		Triple Lumen CVC Umbilical Catheter Other	☐ Temporary Hemodialysis Catheter		□ PICC □ Swan-Ganz		
4.	Line location:	☐ Subclavian	☐ Internal Jugular ☐ Femoral ☐ Of	ther			
5.	Procedure:	☐ New line	☐ Rewire (culture catheter tip once remo	once removed)			
6.	Is the procedur	e: Elective	□ Emergent				
7.	Time out perfor	rmed?: ☐ Yes	□ No (if no, why?)		
8.	Consent obtained with signature, date, and time?: ☐ Yes ☐ No (if no, STOP and correct)						
9.	No	Corrected					
	Wash hands or use alcohol hand sanitizer immediately prior?				0 0 0 0		
	Use sterile glov Use hat, mask, Maintain a ster	/es? and sterile gown? ile field?	an (or IV Therapist) and Assistant:				
		essing applied to the site	e?□ , specify details below:				
	Name of person	completing checklist:		lussasi am	Drovention		



Central Venous Catheter Insertion Care Team Checklist NMRH 959.093 (05/2010)

ADDRESSOGRAPH

DRAFT

Source: Northern Michigan Regional Hospital