Facility Name: _____Date:_____Time:_____ AM PM

Observer: _____

Audit Tool: Catheter connection and disconnection observations
(Use a "✓" if action was performed correctly, a "0" if not performed. If not observed, leave blank. Put comments/observations on back.)

1. Catheter connection observations

Discipline	Mask worn properly	Hand hygiene performed	New clean gloves worn	Clamp catheter and remove caps	Catheter hub scrubbed	Hub antiseptic allowed to air dry	Catheter connected to blood lines aseptically	Gloves removed	Hand hygiene performed

2. Catheter disconnection observations   Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Discipline	Mask worn properly	Hand hygiene performed	New clean gloves worn	Clamp catheter	Disconnect catheter from blood lines aseptically	Catheter hub scrubbed	Hub antiseptic allowed to air dry	New caps attached aseptically	Gloves removed	Hand hygiene performed

1: Total # procedures observed: _____ Adherence observed/% compliance: _____ (_____ %)	**2:** Total # procedures observed: _____ Adherence observed/% compliance: _____ (_____ %)

Updated 8/23/2015