



Healthcare-Associated Infections Program Adherence Monitoring
Central Line Maintenance Practices

Facility name: _____
 Facility ID: _____
 Assessment completed by: _____
 Date: _____
 Unit: _____

Regular monitoring with feedback of results to staff can improve adherence to central line maintenance practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where central lines are used.

Instructions: Use this tool to evaluate patients/residents with a central line. Review documentation and observe tubing and condition of dressings. Observe each practice and check “Yes” if adherent and “No” if not. In the last columns, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row. “Essential” practices are considered core strategies and should be correctly practiced for each line insertion.

Central Line Maintenance Practices	CVC Patient Patient 1	CVC Patient Patient 2	CVC Patient Patient 3	CVC Patient Patient 4	Adherence by Task	
					# Yes	# Observed
DO1. Essential: Optimal site is selected, avoiding the femoral site in all adult patients and the subclavian vein preferred in ICU patients.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO2. Essential: Dressings that are wet, soiled, or dislodged are changed promptly; they are clean, intact, and dated.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO3. Essential: Chlorhexidine-containing dressing used for patients >2 months old.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO4. Essential: Sterile gauze, sterile transparent or sterile semi-permeable dressing is used to cover catheter site and in place <7 days. Mark <i>No</i> if no date on dressing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO5. Essential: The need for CVC is assessed daily by practitioner, with prompt removal of unnecessary lines. Review chart	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO6. Essential: Daily bathing with at least a 2% CHG solution is performed. <input type="checkbox"/> All CVC patients <input type="checkbox"/> ICU only (At minimum) Review chart	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO7. Tubing and administration set have been in place <7 days. Mark <i>No</i> if no date on tubing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO8. If receiving TPN/lipids, tubing is dated to ensure change every 24 hours. Mark <i>No</i> if not dated.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
DO9. Antiseptic containing protector caps are utilized for all line connectors if policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DO10. CVC insertion date documented. Review chart	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
All essential components met:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
# of Correct Practices Observed (“# Yes”): _____	Total # Contact Precautions Observations (“# Observed”): _____ <i>If practice could not be observed (i.e., cell is blank), do not count in total # Observed.</i>			Adherence _____% (Total “# Yes” ÷ Total “# Observed” x 100)		
All essential components are in place for all patients <input type="checkbox"/> Yes <input type="checkbox"/> No						