



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TX 78234-6000

REPLY TO
ATTENTION OF

MCHO-CL-Q

OTSG/MEDCOM Policy Memo 10-005

22 FEB 2010

Expires 22 February 2012

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Prevention of Central Line Associated Bloodstream Infections (CLABSI)

1. References:

a. Institute for Healthcare Improvement (IHI) web site: <http://www.ihl.org/IHI/Topics/CriticalCare/IntensiveCare/Changes/ImplementtheCentralLineBundle.htm>.

b. Institute for Healthcare Improvement. 5 Million Lives Campaign, How-to-Guide: Prevent Central Line Infections; <http://www.ihl.org/NR/rdonlyres/0AD706AA-0E76-457B-A4B0-78C31A5172D8/0/CentralLineInfectionsHowtoGuide.doc>.

c. Centers for Disease Control and Prevention (CDC). Outline for healthcare associated infection surveillance: www.cdc.gov/ncidod/dhqp/pdf/surveillance/outlineForHAI_Surveillance.pdf.

d. CDC. Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2002; http://cdc.gov/ncidod/dhqp/gl_intravascular.html.

e. CDC. National Healthcare Safety Network (NHSN) Surveillance Definitions: Central Line-Associated Bloodstream Infection (CLABSI) and Related Sites. http://www.cdc.gov/ncidod/dhqpj/nhsn_members.

f. Health Affairs Directive: Preventing Central Line Infections for Department of Defense Beneficiaries, 17 September 2007.

2. Purpose: This policy incorporates strategies designed by the CLABSI subject matter expert working group for implementation of evidence-based interventions for prevention of CLABSI. In addition, this policy requires centralized reporting of CLABSI cases and mandates compliance with the evidence-based interventions using standard definitions.

*This policy supersedes OTSG/MEDCOM Policy Memo 07-044, 7 Nov 07, subject: Prevention of Central Line Associated Blood Stream Infections (CLABSI).

3. Proponent: Assistant Chief of Staff for Health Policy and Services.

4. Background:

a. The CLABSI are infections in which the specific site is either blood-culture confirmed infections or clinical sepsis. A central line is defined as a line that has a catheter tip terminating in a great vessel. The great vessels include the aorta, pulmonary artery, superior vena cava, inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins, and common femoral veins. Femoral lines and peripherally inserted central catheters (PICC) lines are considered central lines. Central lines disrupt the integrity of the skin, thereby increasing the risk of primary bloodstream infection caused by bacteria and fungi.

b. Approximately 90% of catheter-related bloodstream infections occur with central venous lines. In the US, nearly 48% of intensive care unit (ICU) patients have central venous catheters and account for 15 million central-venous-catheter days per year. Approximately 5.3 central line infections occur per 1000 catheter days in ICUs. The mortality attributable to central line infections is nearly 18%. Annual death from central line infections is estimated to range from 14,000 to 28,000. In addition, central line associated bloodstream infections are estimated to add from \$3,700 to \$29,000 per case and may prolong hospitalization by seven days.

c. Current Centers for Disease Control and Prevention-National Healthcare Safety Network (CDC-NHSN) surveillance definition for CLABSI was revised in 2005. Medical treatment facilities (MTFs) should use the CDC-NHSN surveillance definitions that determined CLABSI as a laboratory-confirmed bloodstream infection.

d. The Joint Commission (TJC) recognizes the importance of CLABSI prevention and requires compliance with evidence-based practices as stated in the National Patient Safety Goal NPSG.07.04.01.

e. Care bundles are groupings of best practices that individually improve care, but when used together result in substantially improved care. The evidence-based central line bundle promoted by the IHI's 100K Lives Campaign is one such grouping of interventions. Applying IHI's central line bundle can markedly reduce the incidence of bloodstream infections. An ICU collaborative project at IHI reported profound reductions in the rate of central line infections at many hospitals that implemented the central line bundle. The central line bundle has five key components that fall into two practice processes: Insertion of the central line and maintenance of the central line:

(1) Hand hygiene: Before and after placing line and any contact with site.

(2) Maximal barrier precautions:

(a) Persons placing line and those assisting: non-sterile cap and mask, and sterile gown and gloves.

(b) Patient: Cover head and body with a large sterile drape.

(3) Chlorhexidene skin antisepsis.

(4) Optimal catheter site selection, with subclavian as the preferred site for non-tunneled catheters.

(5) Daily review of line necessity with prompt removal of unnecessary lines.

f. This policy and its reporting requirements will allow for standardization of the definition of CLABSI and centralized reporting of data. These measures will allow the tracking of CLABSI and the bundle compliance at the MTF and Medical Command (MEDCOM) levels to improve patient care processes and outcomes.

5. Policy:

a. All facilities inserting central lines must use the central line bundle. The central line bundle provides minimum standards that all facilities must meet. The central line bundle will be used when inserting central lines outside of the ICU. Additional strategies beyond IHI bundle components may also be utilized to improve care and should be based on medical evidence, patient population, and facility resources.

b. All facilities inserting central lines will track compliance with the central line bundle. The data collected will reflect the components associated with insertion of catheters and daily checks related to status of catheter devices. Facilities will report bundle compliance data and central line associated bloodstream infections to HQ, MEDCOM, Office of the Assistant Chief of Staff for Health Policy and Services, Quality Management Division. Reports are due by the 5th working day of each month for the month ending 30 days prior. For example, the report for January 2010 is due by the 5th working day of March 2010.

c. Exceptions:

(1) The data collection of bundle components applies only to patients 18 years or older.

(2) Tunneled catheters will be excluded from the data collection.

(3) Only venous catheters are included in the data collection.

6. Responsibilities:

a. The MEDCOM Quality Management Division will collect and aggregate data, providing reports to The Surgeon General as required. Reports will also be provided to the MTF Commanders, Infection Control Practitioners (ICP), and Patient Safety Managers for use in on-going quality improvement activities.

b. The MTF Commanders will ensure implementation of the central line bundle components in their facilities. Commanders will appoint appropriate individuals to collect and report data on compliance with the insertion bundle components and the daily check component.

c. The MTF ICP will collect and report data on central line associated blood stream infections and bundle compliance to the MEDCOM Patient Safety Center (PSC) using the Patient Safety web-based data entry portal.

d. The implementation of the bundle components, development of workflow products, and tracking should be kept close to the patient care level. Every individual should be empowered to enforce the adherence to the bundle components.

7. Procedures:

a. Implementation of the central line bundle components related to insertion.

(1) The central line bundle components related to insertion will be monitored using a check list completed every time a central line is inserted. Individual MTFs will determine responsibility for ensuring the check list is complete (See Appendix A for sample checklists).

(a) Hand hygiene before and after placing the line using the CDC recommended guidelines for hand hygiene will be verified. The hand hygiene component of the checklist is intended to act as a trigger or reminder that hand hygiene is a primary prevention of infections.

(b) Maximal barrier precautions to establish a sterile environment similar to any surgical procedure that carries a risk of infection.

(1) Persons placing lines and those assisting will don a non-sterile cap which covers hair completely, mask which covers the mouth and nose tightly, sterile gown and gloves.

(2) Patient will be covered with a large sterile drape appropriate to the size of the patient and site of the catheter insertion to ensure a sterile field is maintained and risk of infection is minimized.

(3) A central line dressing should be applied as soon as possible after insertion. Each MTF will determine the protocol based on the type of dressings available within the facility.

(c) Chlorhexidene skin antisepsis is performed following the manufactures guidelines for cleansing methodology and drying time.

(d) Optimal catheter site selection is assessed based on the patient need. The provider inserting the catheter will consider the risk/benefit of using the subclavian vein over the internal jugular vein or femoral vein.

b. Implementation of the central line bundle related to maintenance. Daily review of line necessity with prompt removal of unnecessary or infected catheters.

(1) Current infection control practice guidelines suggest central lines be changed on an "as needed" basis rather than a set number of days. The need for the line must be balanced with the number of days the catheter is in place. Local policy will determine the process for daily review of the need and prompt removal of unnecessary catheters.

(2) The daily review of the central line status should be part of the daily goals checklist. The care team must consider the need for the catheter each day during planning rounds using a daily goals checklist as the method for reviewing and communicating the necessity of the catheters. A daily goals checklist is meant as a trigger list to ensure all members of the team are aware of the patient's comprehensive plan of care. The daily goals checklist should be created and implemented by the staff so the elements are appropriate to the unit. The suggested solution should be low burden to the care team (see Appendix B for a sample daily goals checklist).

(3) Daily site care and tubing changes should be performed and documented in accordance with local policy and is not considered part of the bundle. The CDC's Guidelines for the Prevention of Intravascular Catheter-Related Infections provides timely, evidence-based direction for these practices.

c. Data Collection: CLABSI Bundle.

(1) Completion of each component associated with every central line inserted will be monitored using a checklist and include at minimum: Handwashing compliance, maximal barrier precautions, Chlorhexidene skin antisepsis, and optimal catheter site selection. Local policy will determine who enforces and completes the checklist. All

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components of the insertion bundle must be completed to be considered as compliant. Every member of the healthcare team must be empowered to “stop the line” if any one of the bundle components for insertion is not being followed.

(2) Review of central line necessity with prompt removal of unnecessary lines will be tracked on a daily basis.

(a) The bundle element for central line need is considered compliant when there is daily indication of continued central line need, site assessment, and consideration of the number of catheter days.

(b) Data collection and auditing will be determined by the MTF. A daily goals checklist should be considered to improve communication of the patients plan and may be one method of chart auditing for compliance. Facilities are encouraged to utilize the inpatient electronic medical record for data documentation as applicable to the MTF.

(c) Local policy will dictate who will collect the data and coordinate with the ICP.

d. Data Collection: CLABSI Rates.

(1) Calculation of the CLABSI rate will be determined by the application of the CDC's NHSN formula for bloodstream infections by device days. The numerator is the total number of CLABSI. The denominator is the number of catheter days. Divide and then multiply by 1000.

(2) The number of catheter device days is calculated by performing a daily count of each patient that has a central line in place. This is recorded routinely at the approximately the same time each day. Total the daily count on the last day of the month to calculate the monthly device days. Any patient with more than one line is counted as ONE LINE.

e. Data Reporting:

(1) Local policy will determine the process for bundle compliance data collection.

(2) The CLABSI bundle compliance information will be coordinated through the MTF's ICP.

(3) The MTF is required to report to the MEDCOM CLABSI rate data for infections in the ICU only. However, the MTF must monitor infection rates throughout the MTF in accordance with TJC requirements.

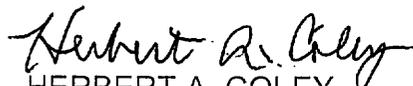
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(4) The ICP will submit the data to the MEDCOM PSC via the Patient Safety web-based data entry portal (see 5b above).

FOR THE SURGEON GENERAL:

2 Encls


HERBERT A. COLEY
Chief of Staff

Appendix A

CENTRAL LINE PROCEDURAL CHECKLIST

III Central Line Bundle Implementation Tool

Purpose: To implement elements of care during central intravascular line insertions that will result in decreased central line infections.

When: During ALL central venous line insertions or re-wires



Location: ER OR Surgical Pavilion PCU

Type of Catheter: Central Line PICC Line

Insertion Site:
 Right Left
 Subclavian
 Femoral
 Brachial
 Jugular

Is the procedure: Elective Emergent (briefly explain)

Procedural Checklist			
Safety Practice	yes or no	Yes or No after reminder	
Pre-Procedure, did the provider:			
*Educate pt. and, as needed, their family about central line inf (CLI)	Y N	Y	N
Use the 5 Mil lives leaflet "What you need to know about CLI"			
*Document teaching in the chart	Y N	Y	N
*Obtain consent for procedure	Y N	Y	N
*Perform patient ID X 2	Y N	Y	N
*Cleanse hands? ASK if unsure	Y N	Y	N
*Prep procedure site with ChloroPrep?	Y N	Y	N
*30 seconds for dry site	Y N	Y	N
*2 minutes for moist site especially femoral	Y N	Y	N
*Use full size drape to cover entire patient in sterile fashion?	Y N	Y	N
During procedure, did the provider:			
*Wear sterile gloves during catheter insertion?	Y N	Y	N
*Wear hat, mask, and sterile gown?	Y N	Y	N
*Maintain sterile field?	Y N	Y	N
*Did assisting provider follow the same precautions? (hand washing, mask, gloves, gown)	Y N	Y	N
*Did all staff in the room wear a mask and hat?	Y N	Y	N
After the procedure:			
*Was a biopatch applied?	Y N	Y	N
*Was sterile technique maintained when applying dressing?	Y N	Y	N
*Was dressing dated?	Y N	Y	N
Name of Procedure Provider:	Name of Assisting Provider:		
Name of Nurse (auditor):	Date:	Time:	
PLEASE turn in completed form to the Infection Prevention Personnel on daily rounds.			
Modified for BJACH Nov 07		Revised Apr 09	

Encl 1

Note Type: MAMC Procedure Note
 Note Time: N/A
 Last Stored: 2043 21 Oct 2009
 Stored by: [REDACTED]

MAMC PROCEDURE NOTE

PROCEDURE TYPE

- Arterial Line Placement
- Central Line Placement
- Intubation
- Feeding Tube Placement

ARTERIAL LINE PLACEMENT

TIME OUT: Correct patient, procedure, site, consent, positioning, blood products, relevant images and labs, antibiotics, special equipment and safety precautions verified IAW MEDCOM 40-54. BY: THOMASGA, CHRISTA M., MD

Site: Right Radial
 Indications: Hemodynamic Monitoring
 Complications: None
 Chest XRay: Not needed for this procedure
 MD Performing Procedure: [REDACTED]
 DEPARTMENT MD PERFORMING PROCEDURE: Family Medicine SERVICE ROTATION: Critical Care
 Supervising Provider: [REDACTED]
 Responsible Staff: [REDACTED]
 Informed Consent: YES
 Anesthesia/Sedation: Fentanyl, Versed
 Date of Procedure: 21Oct2009 LENGTH OF TIME: 10-20 MINUTES
 Ultrasound Used: No/Not Applicable
 Note Completed By: [REDACTED] Date/Time: 2030 21Oct2009

CENTRAL LINE PLACEMENT

PRE-PROCEDURE	Did the provider:	Y/N
Perform Hand Hygiene (Ask if unsure):		xY N
Prep Procedural Site with Chloraprep: *30 seconds for dry site *2 min for wet site (groin)		xY N
Cover Patient with a large drape in a sterile fashion:		xY
DURING PROCEDURE (during insertion)	Did the provider:	
Wear sterile gloves during insertion?		xY
Wear hat, mask & sterile gown?		
Maintain a sterile field?		
Use ultrasound/Sonasite if appropriate?		
Assisting physician followed the same precautions? (hand washing, mask, gown, gloves, hat)		
All staff present in room wore a mask?		

REGISTER #: [REDACTED]
 EMP/ASN: [REDACTED]
 STATUS: Retired
 PCM: [REDACTED]
 ADMIT DATE: 21Oct2009
 MADIGAN ARMY MEDICAL CENTER
 SPS9-E MAMC Proc Note

Continued

AFTER PROCEDURE

Did the provider:

Was Biopatch applied.
Was line secure with Statlock or suture,
Was dressing dated.

XY

Re-Wire: No
Antibiotic Coated: No

TIME OUT: Correct patient, procedure, site, consent, positioning, blood products, relevant images and labs, antibiotics, special equipment and safety precautions verified IAW MEDCOM 40-54. BY: VANWYCK, DAVID W., MD

Line Type: Triple Lumen
Site: Right Subclavian
Indications: Hemodynamic Monitoring
Complications: None
Chest XRay: Line in good position

MD Performing Procedure: [REDACTED]
DEPARTMENT MD PERFORMING PROCEDURE: Medicine SERVICE ROTATION: Critical Care
Supervising Provider: [REDACTED]
Responsible Staff: [REDACTED]
Informed Consent: YES
Anesthesia/Sedation: 1% Lidocaine, Versed, Fentanyl
Date of Procedure: 21Oct2009 LENGTH OF TIME: 10-20 MINUTES
Ultrasound Used: No/Not Applicable
Note Completed By [REDACTED] Date/Time: 2033 21Oct2009

***1 INTUBATION**

TIME OUT: Correct patient, procedure, site, consent, positioning, blood products, relevant images and labs, antibiotics, special equipment and safety precautions verified IAW MEDCOM 40-54. BY: [REDACTED]

Site: Oral
Indications: Hypercapnic Respiratory Failure
Complications: None
Chest XRay: Endotracheal tube 5-7 cm above carina and in good position

MD Performing Procedure: [REDACTED]
DEPARTMENT MD PERFORMING PROCEDURE: Family Medicine SERVICE ROTATION: Critical Care
Supervising Provider: [REDACTED]
Responsible Staff: [REDACTED]

REGISTERED [REDACTED]
FNU/SSN: [REDACTED]
STATUS: Retired
PCM: [REDACTED]
ADMIT DATE: 21Oct2009
MAINGAN ARMY MEDICAL CENTER
SP30-B MARK Proc Note

DocComp.mxd

Continued...

Informed Consent: **YES**
ASA Classification: **2** Mallampati Classification: **1**
Small Mouth Opening? **No** Short Thyromental Length? **No** Short Neck? **Yes**
Anesthesia/Sedation: **Propofol**
Neuromuscular Agents: **Rocuronium**
Other Drugs:
Endotracheal Tube Size: **8.0**
Laryngoscope Blade: **MACINTOSH** **4**
Tube Taped At: **24** **CM**
Date of Procedure: **21Oct2009** LENGTH OF TIME: **0-10 MINUTES**
Ultrasound Used: **No/Not Applicable**
Note Completed By: [REDACTED] Date/Time: **2040 21Oct2009**

11 FEEDING TUBE PLACEMENT

TIME OUT: Correct patient, procedure, site, consent, positioning, blood products, relevant images and labs, antibiotics, special equipment and safety precautions verified IAW MEDCOM 40-54. BY: **THOMAS, CHRISTA M., MD**

Site: **Orogastric**
Indications: **Enterally Feed Patient Under High Stress**
Complications: **None**
Chest XRay: **Line in good position**
MD Performing Procedure: [REDACTED]
DEPARTMENT MD PERFORMING PROCEDURE: **Family Medicine** SERVICE ROTATION: **Critical Care**
Supervising Provider: [REDACTED]
Responsible Staff: [REDACTED]
Informed Consent: **YES**
Anesthesia/Sedation: **Vered, Fentanyl**
Date of Procedure: **21Oct2009** LENGTH OF TIME: **0-10 MINUTES**
Ultrasound Used: **No/Not Applicable**
Note Completed By: [REDACTED] Date/Time: **2043 21Oct2009**

REGISTER #: [REDACTED]
FMP/ASN: [REDACTED]
STATUS: **Retired**
FCM: [REDACTED]
ADMIT DATE: **21Oct2009**
MADIGAN ARMY MEDICAL CENTER
SP509-B/MAMC Proc Note

GlriComp, Inc

Appendix B

5 Million Lives Campaign How-to Guide: Prevent Central Line Infections

Central Line Insertion Checklist (Virginia Mason Medical Center) Standard Work and Safety Checklist

Date: ___/___/___ Start time: _____

Location: _____

Catheter Type: Dialysis Central Venous PICC Pulmonary Artery

Number of Lumens: 1 2 3 4

Insertion Site: Jugular: R L Upper Arm: R L

Subclavian: R L Femoral: R L

Reason for Insertion: New Indication Elective Emergent Replace Malfunctioning

Catheter

Procedure Provider: _____ Procedure Assistant: _____

Attending MD Housestaff IV Therapist IV Therapist RN

Standard Work Before, During, and After Procedure		YES Or True	YES (After Reminder)	NA
P R O C E D U R E P	> Patient has NO allergy to Heparin	<input type="checkbox"/>		
	> Patient's latex allergy assessed & procedure plan modified PRN	<input type="checkbox"/>		
	> Consent form completed & in chart (exception Code 4)	<input type="checkbox"/>		
	> Perform Procedural Pause	<input type="checkbox"/>	<input type="checkbox"/>	
	Perform patient ID X 2	<input type="checkbox"/>	<input type="checkbox"/>	
	Announce the procedure to be performed	<input type="checkbox"/>	<input type="checkbox"/>	
	Mark / assess site	<input type="checkbox"/>	<input type="checkbox"/>	
	Position patient correctly for procedure	<input type="checkbox"/>	<input type="checkbox"/>	
	Assemble equipment/verify supplies (including ultrasound, unless insertion is subclavian)	<input type="checkbox"/>	<input type="checkbox"/>	
	Verify all medication & syringes are labeled	<input type="checkbox"/>	<input type="checkbox"/>	
> Confirm that all persons in room cleanse hands? (ASK, if unsure)	<input type="checkbox"/>	<input type="checkbox"/>		
> Central line cart utilized?	<input type="checkbox"/>	<input type="checkbox"/>		
> Prep Procedure site	<input type="checkbox"/>	<input type="checkbox"/>		
Chloraprep 10.5 ml applicator used	<input type="checkbox"/>	<input type="checkbox"/>		
Dry: 30 second scrub + 30 second dry time OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet: 2 minute scrub + 1 minute dry time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
> Used large drape to cover patient?	<input type="checkbox"/>	<input type="checkbox"/>		
> Transducer set-up for all jugular and subclavian line insertions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D U R I N G	> Wear sterile gloves, hat, mask with eyeshield, and sterile gown? (all must be worn)	<input type="checkbox"/>	<input type="checkbox"/>	
	Procedure provider	<input type="checkbox"/>	<input type="checkbox"/>	
	Procedure assistant	<input type="checkbox"/>	<input type="checkbox"/>	
	> Did patient and all other persons in the room wear a mask?	<input type="checkbox"/>	<input type="checkbox"/>	
	> Maintain sterile field?	<input type="checkbox"/>	<input type="checkbox"/>	
	> Was ultrasound guidance used for all jugular & femoral insertions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	subclavian			
	> Venous placement confirmation via:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	pressure transducer w/ monitor OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	manometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
> Type of solution used to flush/dosage:				
> Catheter caps placed on lumens?	<input type="checkbox"/>	<input type="checkbox"/>		
> Catheter sutured in place?	<input type="checkbox"/>	<input type="checkbox"/>		
> Position confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fluoroscopy OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest X-ray ordered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Femoral				

Appendix B

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How-to Guide: Prevent Central Line Infections

A F T E R	➤ Was sterile technique maintained when applying dressing?	<input type="checkbox"/>	<input type="checkbox"/>	
	➤ Was dressing dated?	<input type="checkbox"/>	<input type="checkbox"/>	
	➤ Catheter position confirmed by: Already confirmed during procedure via fluoroscopy (see above), <u>OR</u> Chest X-ray findings	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
RN Procedure Note:				
MD Procedure Note:				

PATIENT Label

VIRGINIA MASON MEDICAL CENTER

**Central Line Insertion Standard Work
and Safety Checklist**

Feedback on Pilot Form

1. How easy was this form to use?
2. Are there any important elements that should be added (please specify)?
3. Are there elements of the form that you think should be excluded (please specify)?
4. Other suggestions for improvements:
5. Other comments

Name: _____

5 Million Lives Campaign
How-to Guide: Prevent Central Line Infections

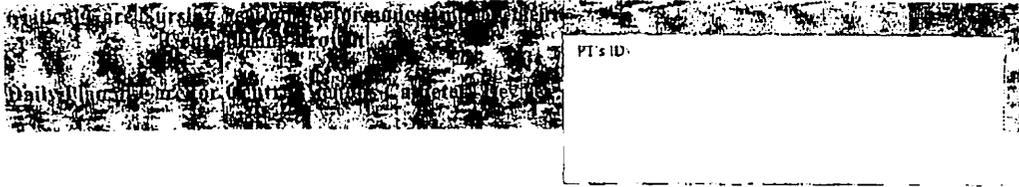
Appendix B

Daily Goals

Patient Name _____ Room Number _____ Date ____/____/____

--Initial as goals are reviewed ----

GOAL	NOTES	0700-1500	1500-2300	2300-0700
What needs to be done for the patient to be discharged from the ICU?				
What is this patient's greatest safety risk?				
Pulmonary/Ventilator: HOB 30 degrees or greater				
Sedation Vacation and Assessment of Readiness to Extubate				
PUD Prophylaxis				
DVT Prophylaxis				
Cardiac Rhythm, Hemodynamics				
Volume Status, net goal for 12 MN				
Neuro/Pain Mgt/Sedation				
GI/ Nutrition/Bowel Regimen				
Mobilization/OOB				
ID, Cultures, Drug levels				
Medication changes (Can any be discontinued?)				
Tests/Procedures Today				
Review scheduled labs. Can any be discontinued?				
Morning labs and PCXR				
Consultations				
Can central lines or other catheters/tubes be DC'd?				
Attending up to date?				
Family Updated?				
Any social issues to address?				
Emotional/spiritual issues addressed?				
Skin Care Addressed?				
Code Status Addressed?				
Advanced Directive in place?				
Parameters for calling MD				



Purpose: To review the necessity of central venous access devices on a daily base for the purpose of decreasing central line infection rates.

When: Each day during physician rounds.

Location: CCU/40 SICU/45A MICU/45B ImCU/45C Ward 41 Ward 46

During the Daily Plan of Care did the physician team address the continued clinical need for central intravenous access by asking the question "Can the central venous line be discontinued today? Circle Y or N

Central Line Day	1	2	3	4	5	6	7
Date							
	Y or N						

Central Line Day	8	9	10	11	12	13	14
Date							
	Y or N						

Central Line Day	15	16	17	18	19	20	21
Date							
	Y or N						

Central Line Day	22	23	24	25	26	27	28
Date							
	Y or N						

***Please return completed form to Head Nurse or Unit PI Collection Point**