

Central Line Associated Blood Stream Infection (CLABSI) Review

Internal Tracking #: _____ Patient Type: _____ Infection Date: ___/___/___
Hosp. Location: _____

Patient Information

Admission Date: _____ Diagnosis _____

Comorbid Conditions: Dialysis Poor hygiene/confusion Immune Suppression (HIV, Steroids, etc.) If
steroids, please note name and dosage _____

Cancer (Active) GVHD ANC <500 at time of CLABSI

Infection at another site at the time of CLABSI (not the cause of the bacteremia)? Yes No

In the 7 days prior to CLABSI:

<input type="checkbox"/> CT Scan	<input type="checkbox"/> OR
<input type="checkbox"/> MRI	<input type="checkbox"/> Endoscopy
<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Other

History of previous CLABSI in this patient? Yes No

The Central Line

Line type PICC CVC Tunneled CVC IVAD Introducer Dialysis Other _____

Line brand _____ **Antimicrobial coating?** Yes No

Line Size (fr) _____ **Lumens** 1 2 3 4 or more

Insertion Date ___/___/___ **by** Vascular Access Team IR Anesthesia Surgery ICU Staff
 Other

Insertion location ED OR IR ICU Patient Room Other

Emergent Insertion Yes No Unknown

Anatomical location _____

Additional Vascular Access Were there other vascular lines in place at time of CLABSI? Yes No

The Infection

Earliest positive blood culture date this CLABSI: ___/___/___ **CVC day #** _____

Sites of positive blood cultures, within 48 hours after CLABSI onset (Check all that apply):

Periphery CLABSI Line Other line Unlabeled Unknown **Number of positive blood cultures:** _____

*Number of blood cultures drawn: _____

Pathogen(s) _____

At the time of infection:

Appearance of insertion site? _____ Any drainage, redness? Yes No

Line Removed? Yes No **Catheter removal date:** ___/___/___

Over →

Line Use and Maintenance

CHG dressings/ Biopatch used? Yes No

Secured with tape sutureless securement device sutures

Type of Needleless Access Device (NAD) Used: _____ NAD Changed every ____ days

Was blood drawn from this line? Yes No VAMP® side port used? Yes No
(Venous Arterial blood Management Protection)

Was this line used for TPN? Yes No Stopcocks in use? Yes No

In the 24 hours prior to the infection, was catheter accessed continuously or intermittently?

Continuously Intermittently

Number of times accessed in 24 hours (avg) _____

Number of times used for blood draws in 24 hours (avg) _____

Was any part of the catheter noted to be occluded while in place? Yes No

Was tPA administered? # of times used (0 if none): _____

First and last date TPA used: _____ Lumens treated: _____

Was patency restored? Yes No

If the line was a PICC was it ever repaired for breakage? Yes No

Notes

Instructions and Clarifications:

Unless otherwise noted, information requested should relate to the time of the CLABSI.

*Document number of sets, not number of bottles.