

CLABSI Education

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Safety Nurse Coordinator

HIGHLAND
HOSPITAL

An Affiliate of the



UNIVERSITY of
ROCHESTER
MEDICAL CENTER

MEDICINE *of* THE HIGHEST ORDER

Auditing/Validation

- Safety nurse auditing of central lines
- Review of audits
- Reconciliation of VAT nurses observation and audits
- Inter rater reliability study

Audit tool

Rochester Infection Prevention Group
CLABSI Surveillance
Nursing Practice
Dressing Integrity - Observation Audit

Month: _____

Unit: _____

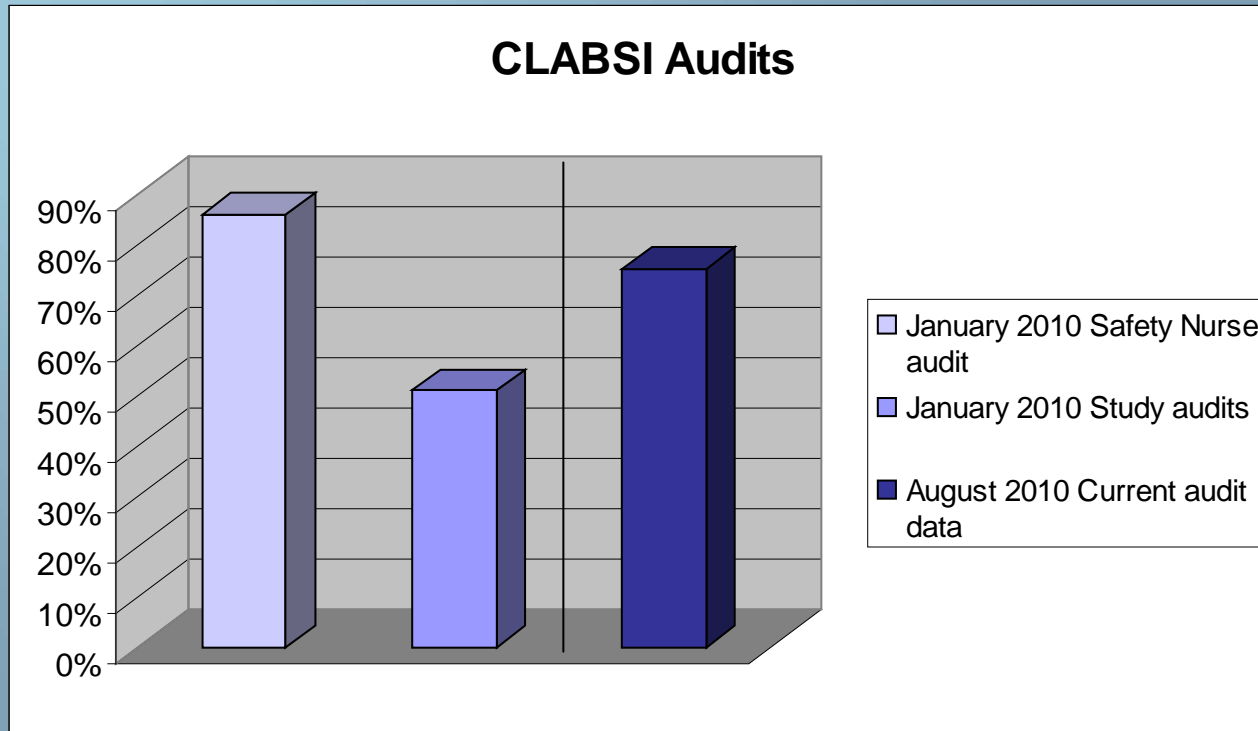
	Y/N				Total	
	Y/N	Y/N	Y/N	Y/N	Y	N
Central Line Dressing						
1. Central Line Dressing is intact and 100% occlusive.						
2. Date is present on dressing.						
3. Time is present on dressing.						
4. Dressing is initialed.						
5. The dressing has been changed within the last 7 days.						
6. The gauze dressing has been changed within the last 48 hours.						
7. RN has assessed the dressing site daily, evidenced by documentation on the flow sheet or electronically.						
Administration Sets						
8. All IV tubing is labeled with time/date/initials.						
9. All IV tubing is changed q96 hours or per policy for particular fluid infusing.						
10. All IV tubing has a sterile dead-end cap in place when not in use.						
11. All stopcock ports have sterile dead end caps in place.						
12. All lumens have a needleless device in place.						

Comments: _____

Please complete 2-4 per unit per month. Please send the completed tool to Jan Taylor Box 100.

Nov 2009-IP

Audit results



Scrub the Hub



Power point presentation on care of the PICC

Objectives

- Describe the elements of a PICC line assessment
- Define the fundamentals of a PICC line Dressing Change
- Discuss the importance for utilization of correct procedure for Needleless Access Device Changes
- Articulate the elements of the HH Policy for Needleless Access Device
- Define the HH Policy for IV tubing changes
- Recognize the connection between the importance of intraluminal clot reduction and infection, with correlation of correct utilization of flushing standards to minimize occlusion
- Define the elements for continued utilization of a PICC line
- Discuss the components required for complete documentation of care

Check list

Daily Checklist for CVC Care and Maintenance

Patient sticker

Date:								
Daily review for continued need for central line: Considerations for continued use of CVC * see below.								
1. Can current IV medication be given orally?								
2. Can frequency of labs be decreased?								
3. Is there evidence of catheter or site complications? I.e., upper arm edema, redness, fever, purulent discharge?								
Care and Maintenance review:								
1. Can all lumens of the CVC be flushed without resistance and brisk blood return upon aspiration?								
2. Are all ports and stopcocks are cleared of blood?								
3. Is dressing occlusive and without drainage, blood or moisture visualized under dressing? (edges of dressing should NOT be sealed with tape)								
4. Has dressing been changed every seven days with date, time & initials present?								
5. If gauze is present under transparent dressing and/or occluding the insertion site, has it been changed within 48 hours?								
6. Have needleless access devices (caps) been changed every Monday and Friday?								
7. Has IVAD needle been changed every 7 days with dressing change?								
8. Have all tubings been labeled with initials, date and time tubing first used initiated?								

9. Has the connected primary tubing been changed every 96 hours?								
10. If tubing has been disconnected from the connected primary tubing (now considered an intermittent tubing), has a sterile cap been placed at end?								
11. Has the intermittent tubing been changed every 24 hours?								
12. Have TPN and Lipid tubings been changed every 24 hours?								
Performance Measures:								
Hand Hygiene performed before and after care.								
Use of clean gloves for all CVC access.								
When changing the needleless access device: The catheter hub is scrubbed for at least 10 seconds, and 10 seconds drying time elapses, before applying the new needleless access device. (cap)								
When changing central line dressing: Mask and clean gloves are donned prior to removing existing central line dressing, sterile gloves are donned before beginning site care and application of new dressing								
* Considerations for continued use of CVC: Patient receiving the following therapies: 1.TPN, 2. Chemotherapy, 3. Vesicants, 4. Irritants, 5. Vasoopressive drips 6. Frequent blood sampling. Patient conditions: A. Hemodynamically unstable, B. Critical airway, C. Poor access, D. Need for frequent or long term access.								

Competency Validation

Competency Validation Checklist Care of the patient with a Central Line

(X) Core Competency (orientation)

(X) Key Competency (annual)

Number of observations required for successful completion of competency - Core (2) Key (1)

Performance Measures/Criteria:	MET		MET		MET	
<ul style="list-style-type: none"> Continued necessity of CVC is addressed daily. If CVC is no longer necessary, nurse advocates for CVC removal States indications for continued need for CVC: <ul style="list-style-type: none"> Patient receiving the following therapies: 1.TPN, 2. Chemotherapy, 3. Vesicants, 4. Irritants, 5. Vassopressive drips 6. Frequent blood sampling. Patient conditions: A. Hemodynamically unstable, B. Critical airway, C. Poor access, D. Need for frequent or long term access. 	Yes	No	Yes	No	Yes	No
<ul style="list-style-type: none"> Checks that each lumen of the CVC can be flushed without resistance Checks that each lumen of the CVC has brisk blood return upon aspiration Checks that all lumens and stopcocks are cleared of blood Completes assessment for dressing integrity: <ul style="list-style-type: none"> Is dressing occlusive and without drainage, blood or moisture visualized under dressing? (edges of dressing should NOT be sealed with tape) Dons mask and clean gloves prior to removing existing central line dressing, sterile gloves are donned before beginning site care and application of new dressing Clearly indicates on dressing initials, time and date of dressing change When changing the needleless access device: The catheter hub is scrubbed for 15 seconds and allowed to air dry 15 seconds before applying the new needleless access device. (cap) Changes needleless access device (Monday and Friday's) 	Yes	No	Yes	No	Yes	No

Performance Measures/Criteria:	MET		MET		MET	
Has reviewed the HH IV and Vascular Access Management standard of care and is able to articulate these basic principles: <ul style="list-style-type: none"> Connected primary tubing is changed every 96 hours Disconnected tubing has a sterile dead end cap in place. Tubing that has been disconnected from the connected primary tubing or from the patient is considered an intermittent tubing and is changed every 24 hours TPN and Lipid tubing are changed every 24 hours? IVAD needle is changed every 7 days with dressing change All tubing is labeled with initials, date and time tubing is first initiated? Needleless access devices (caps) are changed every Monday and Friday 	Yes	No	Yes	No	Yes	No
Describes specific information that should be included in patient teaching regarding signs and symptoms of infection: redness, swelling, site pain, purulent discharge, fever	Yes	No	Yes	No	Yes	No
Completes all documentation requirements, per policy, for the care of a patient with a central line	Yes	No	Yes	No	Yes	No
Were the performance criteria done on an actual patient?	Yes	No	Yes	No	Yes	No
Were the performance criteria simulated?	Yes	No	Yes	No	Yes	No
Date of Competency Validation						
Validator initials/Employee initials						

() Proficient

() Remedial follow up indicated.

Plan for remediation: _____

Employee Name (print) _____

Employee Signature/Date _____

Validator Name (print) _____

Validator Signature/Date _____

Educational process

- Safety nurses provided education and individual competency validation completed.
- Safety nurses validating competency of staff on their respective units
- New employee orientation
- Blackboard and care learning educational module updated