

Instructions for Completion of CLIP Adherence Monitoring Data Form

Please refer to the table below for instructions on each VICNISS data field.

CENTRAL LINE INSERTION PRACTICES (CLIP) ADHERENCE MONITORING

A [web form](#) is to be completed for each central line insertion.

Data Field	Instructions for Data Collection
Hospital Code Number	Enter the VICNISS assigned hospital code number.
MRN (UR No.)	Enter the patient UR Number. This is the alphanumeric patient identifier assigned by the hospital and may consist of a combination of numbers, letters, spaces, dashes or leading zeroes, e.g., 000-123-A.
Sex	Select male or female to indicate the gender of the patient.
DOB	Enter the date of the patient's birth using this format: day/month/year (DD/MM/YYYY).
Date of Central Line Insertion	Enter the date of central line insertion using this format DD/MM/YYYY.
Location of Central Line Insertion	Select the location of the patient at the time of central line insertion from the pick list: Intensive Care Unit (ICU), Radiology, Operating theatre, Emergency department; Level 3 neonatal nursery; Medical/surgical ward; or if Other – specify the location
Person Recording Insertion Practice	To indicate who is completing the data collection form select Observer (person observing central line insertion procedure) or Inserter (person inserting the central line). It is preferred that the observer complete the form.
<i>Central Line Inserter (coded)</i> <i>First name</i> <i>Last name</i>	<i>Optional field.</i> <i>Enter coded details of the person inserting the central line.</i> <i>Enter first two letters of the inserter's first name</i> <i>Enter the first two letters of the inserter's last name (surname)</i>
Occupation of Inserter	Select the occupational category of the person inserting the central line from the pick list: Consultant, Fellow/Registrar; Resident /Intern; Medical Student; IV team; or if none of these apply enter Other and specify
Reason for Insertion	Select the primary reason for inserting the central line from the pick list: <ul style="list-style-type: none"> • New indication for central line • Replace malfunctioning central line • Suspected central line-associated infection • Other, please specify the reason
If suspected central line-associated infection, was the central line exchanged over a guidewire?	If primary reason for inserting the central line was suspected central line-associated infection, select Yes if this central line was exchanged over a guide wire; if not, select No.

Data Field	Instructions for Data Collection
Inserter Performed Hand Hygiene Immediately Prior to Insertion	Select Yes if the inserter appropriately performed hand hygiene immediately prior to inserting central line; otherwise select No. Appropriate hand hygiene includes the use of alcohol-based hand rub or antimicrobial soap and water hand wash according to hospital protocol.
Maximal Sterile Barriers Used: Mask Cap Large sterile drape Sterile gown Sterile gloves	Indicate which barrier precautions were used during insertion of central line from the pick list: If the inserter wore either a mask or a mask with eye shield (must cover the nose and the mouth tightly), select Yes; if not, select No. If the inserter wore a cap (covering all hair), select Yes; if not, select No. If the inserter used a full body drape (covering the patient from head to toe, with a small opening for the site of insertion), select Yes; if not, select No. If inserter wore a sterile gown (long sleeves), select Yes; if not, select No. If inserter wore sterile gloves, select Yes; if not, select No.
Skin Preparation	Select all that apply from the pick list: Povidone iodine; 2% Chlorhexidine gluconate in 70% alcohol; 70% Alcohol; Other. If Other is indicated, specify which skin preparation was used.
Was Skin Preparation Agent Completely Dry at Time of First Skin Puncture?	Select Yes if the skin prep agent was allowed to dry completely at the time of first skin puncture; otherwise select No.
Insertion Site	Indicate the site of insertion of the central line: Femoral; Jugular; Subclavian; Upper extremity; or Lower Extremity (excluding femoral).
Antimicrobial Coated Catheter Used	Select Yes if antimicrobial (antiseptic or antibiotic) coated catheter was used; otherwise select No.
Dedicated Central Line Trolley Used	Select Yes if a trolley dedicated for central line insertions was used for the procedure, if not select No.
Central Line Catheter Type	Indicate the type of central line inserted from the pick list: Dialysis catheter non-tunnelled; Non-tunnelled catheter (other than dialysis); Dialysis catheter tunnelled; Tunnelled catheter (other than dialysis); PICC; or Other - please specify what type.
Antimicrobial Impregnated Dressing Applied to Insertion Site	Indicate the (if any) antimicrobial impregnated dressing applied to the insertion site: Chlorhexidine (e.g. Biopatch), Nil, or Other - specify dressing used.
Was the procedure stopped (at any stage) due to non-compliance with insertion guidelines? If Yes, why?	Select Yes if the procedure was stopped at any stage, otherwise select No. <i>Optional field. Briefly explain reason for stopping the procedure (free text).</i>
Any Complications	<i>Optional field. From the pick list, indicate if any complications occurred at the time of central line insertion, i.e. arterial puncture, failure to insert line, arrhythmia requiring intervention, pneumothorax, multiple punctures (>2), or specify (free text) any other complication.</i>