

## CENTRAL LINE INSERTION PRACTICES (CLIP) ADHERENCE MONITORING

**THIS DATA MUST BE SUBMITTED ELECTRONICALLY USING A VICNISS WEBFORM**

NOTE: FADED DATA FIELDS = NOT REQUIRED BY VICNISS

<b>Hospital Code Number:</b>	
<b>Patient Identification &amp; General Details</b> <i>(Do not attach a bradma label)</i>	
<b>MRN (UR No.):</b>	<b>Sex:</b> M <input type="checkbox"/> F <input type="checkbox"/> <b>DOB:</b> / /
<b>CLIP Details</b>	
<b>Date of Central Line Insertion:</b> / /	
<b>Location of Central Line Insertion:</b> <input type="checkbox"/> ICU <input type="checkbox"/> Radiology <input type="checkbox"/> Operating theatre <input type="checkbox"/> Emergency department <input type="checkbox"/> Level 3 neonatal nursery <input type="checkbox"/> Medical/surgical ward <input type="checkbox"/> Other <i>(specify):</i> _____	
<b>Person Recording Insertion Practice:</b> <input type="checkbox"/> Observer <i>(preferred option)</i> <input type="checkbox"/> Inserter	
<b>Central Line Inserter (Coded):</b> First name (first 2 letters): _____ Last name (first 2 letters): _____	
<b>Occupation of Inserter:</b> <input type="checkbox"/> Consultant <input type="checkbox"/> Fellow/Registrar <input type="checkbox"/> Resident/Intern <input type="checkbox"/> Medical Student <input type="checkbox"/> IV Team <input type="checkbox"/> Other <i>(specify):</i> _____	
<b>Reason for Insertion:</b> <input type="checkbox"/> New indication for central line <input type="checkbox"/> Replace malfunctioning central line <input type="checkbox"/> Suspected central line-associated infection <input type="checkbox"/> Other <i>(specify):</i> _____	
If suspected central line-associated infection, was the central line exchanged over a guidewire? <input type="checkbox"/> yes <input type="checkbox"/> No	
<b>Inserter Performed Hand Hygiene Immediately Prior to Insertion</b> <i>(according to hospital protocol):</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Maximal Sterile Barriers Used:</b> Mask <i>(covers nose &amp; mouth)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Sterile gown <i>(long sleeves)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Cap <i>(covers all hair)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No Sterile gloves <input type="checkbox"/> Yes <input type="checkbox"/> No Large sterile drape <i>(full body drape)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Skin Preparation:</b> <i>(tick all that apply)</i> <input type="checkbox"/> Povidone Iodine <input type="checkbox"/> 2% Chlorhexidine gluconate in 70% alcohol <input type="checkbox"/> 70% Alcohol <input type="checkbox"/> Other <i>(specify):</i> _____	
<b>Was Skin Preparation Agent Completely Dry at Time of First Skin Puncture?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Insertion Site:</b> <input type="checkbox"/> Femoral <input type="checkbox"/> Jugular <input type="checkbox"/> Subclavian <input type="checkbox"/> Upper extremity <input type="checkbox"/> Lower extremity <i>(excluding femoral)</i>	
<b>Antimicrobial Coated Catheter Used:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Dedicated Central Line Trolley Used:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Central Line Catheter Type:</b> <input type="checkbox"/> Dialysis non-tunnelled <input type="checkbox"/> Non-tunnelled (other than dialysis) <input type="checkbox"/> Dialysis tunnelled <input type="checkbox"/> Tunnelled (other than dialysis) <input type="checkbox"/> PICC <input type="checkbox"/> Other <i>(specify):</i> _____	
<b>Antimicrobial Impregnated Dressing Applied to Insertion Site:</b> <input type="checkbox"/> Chlorhexidine (e.g. Biopatch) <input type="checkbox"/> Nil <input type="checkbox"/> Other <i>(specify):</i> _____	
<b>Was the procedure stopped (at any stage) due to non-compliance with insertion guidelines?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, why? _____	
<b>Any Complications:</b> <i>(tick all that apply)</i> <input type="checkbox"/> Arterial puncture <input type="checkbox"/> Failure to insert line <input type="checkbox"/> Arrhythmia requiring intervention <input type="checkbox"/> Pneumothorax <input type="checkbox"/> Multiple punctures (>2) <input type="checkbox"/> Other <i>(specify):</i> _____	