# Catheter-Related Blood Stream Infection (CR-BSI) Prevention Checklist

**Purpose:** To decrease infections by promoting standardized aseptic technique when performing central line insertions and to evaluate current practices to identify opportunities for improvement.

**When:** During the insertion of all non-tunneled central venous catheters or PICC lines

**By whom:** RN assisting with procedure

<table>
<thead>
<tr>
<th>Date: ___________________</th>
<th>Location: ___________________</th>
<th>Time: ____________</th>
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## Type of Catheter:
- □ Triple Lumen
- □ Art Line
- □ Other_________________

## Insertion Site:
- □ SWAN
- □ Internal Jugular
- □ Subclavian
- □ Femoral
- □ Other__________________________

## Procedure:
- □ New-Line
- □ Guidewire exchange
- □ Non-emergent
- □ Emergent (life-threatening or code)

## Provider Specialty:
- □ Intensivist
- □ Anesthesia
- □ ED MD
- □ Cardiologist
- □ PICC staff
- □ Radiologist

## Prior to procedure, did the provider perform:
- □ Hand Hygiene
- □ Yes
- □ No
- □ Didn’t ask

## Skin Preparation:
- □ Chloraprep
- □ Betadine
- □ Alcohol

## Barrier Precautions - Check all that are used:
- □ Sterile Gloves
- □ Sterile Gown
- □ Head/hair cover
- □ Sterile towels
- □ Large sterile drape
- □ Mask

## Was the sterile field maintained throughout the procedure?
- □ Yes
- □ No

## If break in technique due to emergency, is there a documented plan to change the line within 48 hours?
- □ Yes
- □ No

## Type of dressing:
- □ Transparent
- □ Gauze
- □ Other (specify): ___________________

## Dressing applied by:
- □ Nurse
- □ Provider
- □ Other____________________

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**Please return completed form to Your Clinical Director/Clinical Lead**

Not part of the permanent medical record

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Place patient sticker here