

Neil Trautman

Concurrent Quality & Infection Control  
 Precautions Monitoring: VAP

UNIT: <u>4C</u>	Ventilator Pt. #1	Ventilator Pt. #2	Ventilator Pt. #3	Ventilator Pt. #4
DATE: <u>4/13</u>	<u>4002</u>	<u>4005</u>	<u>4008</u>	<u>4012 - Trach</u>
Head of Bed at least 30 degrees	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible
Sedation Vacation attempted today	Y / <input checked="" type="radio"/> N / Not eligible	Y / <input checked="" type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	Y / <input checked="" type="radio"/> N / <input checked="" type="radio"/> Not eligible
Peptic Ulcer Disease Prophylaxis	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible
Deep Vein Thrombosis Prophylaxis	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	Y / <input checked="" type="radio"/> N / <input checked="" type="radio"/> Not eligible
Oral Care every 2-4 hours today	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	Y / <input checked="" type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible
Turn and reposition every 2 hours today	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible
Suction documented twice / shift	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	Y / <input checked="" type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible
Daily chest x-ray to verify placement of NG/OG/ET tubes	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	Y / <input checked="" type="radio"/> N / <input checked="" type="radio"/> Not eligible

Today= since midnight

Neil Tranaman

Concurrent Quality & Infection Control  
Precautions Monitoring: CAUTI

UNIT: <u>4C</u> DATE: <u>4/13</u>	Foley Catheter #1 <u>4002</u>	Foley Catheter #2 <u>4005</u>	Foley Catheter #3 <u>4008</u>	Foley Catheter #4 <u>4011</u>
Foley catheter type (Foley, Coude, 3-way, etc.)	Foley	Foley	Foley	Foley
Insertion date and time labeled on bag Y/N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N
How long has it been in place? <u>Circle/highlight</u>	≤ 1 days <u>1-2 days</u> 2-3 days > 3 days	≤ 1 days 1-2 days 2-3 days <u>&gt; 3 days</u>	≤ 1 days 1-2 days 2-3 days <u>&gt; 3 days</u>	≤ 1 days <u>1-2 days</u> 2-3 days > 3 days
Tubing & bag below level of bladder Y/N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N
Is the drainage bag touching the floor?	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N	Y / <input checked="" type="radio"/> N
Stat Lock in place	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N
Green clip secured to bed	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N
No dependent loops	<input checked="" type="radio"/> Y / <input type="radio"/> N <u>No loops</u>	<input checked="" type="radio"/> Y / <input type="radio"/> N <u>0 loops</u>	<input checked="" type="radio"/> Y / <input type="radio"/> N <u>0 loops</u>	<input checked="" type="radio"/> Y / <input type="radio"/> N <u>0 loops</u>
TES present & intact (red tag on tubing)	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N
Documented Pericare q 24 hrs.	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N
Reason for Foley documented by nursing	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N	<input checked="" type="radio"/> Y / <input type="radio"/> N
Meditech: insertion date & location (today) *	<input checked="" type="radio"/> Y / <input type="radio"/> N <u>4C 4/11</u>	<input checked="" type="radio"/> Y / <input type="radio"/> N <u>4C 4/7</u>	<input checked="" type="radio"/> Y / <input type="radio"/> N <u>ER- 4/9/23</u>	<input checked="" type="radio"/> Y / <input type="radio"/> N <u>ER- 4/12/23</u>

Today= since midnight

\*Insertion date and location correctly documented with each Urinary Catheter Management Intervention

Neil Tronman

**Concurrent Quality & Infection Control  
Precautions Monitoring: Catheter-Associated Bloodstream Infections**

UNIT: <u>4C</u> DATE: <u>4/13/23</u>	<u>4002</u> IV Pt. #1	<u>4005</u> IV Pt. #2	<u>4006</u> IV Pt. #3	<u>4011</u> IV Pt. #4
IV type- Central Line- TLC, Midlines, Hemodialysis (pigtailed), Peripheral	1. Central- Quod 2. Peripheral 3. Peripheral	1. TLC-Femoral 2. Peripheral 3. Peripheral	1. TLC-IJ 2. Peripheral 3. $\emptyset$	1. TLC-IJ 2. Peripheral 3. $\emptyset$
How long has it been in place? $\leq 4$ days, $> 4$ days	1. $< 4$ days 2. $\downarrow$ 3. $\downarrow$	1. $> 4$ days 2. $\downarrow$ 3. $\downarrow$	1. $> 4$ days 2. $\downarrow$ 3. $\emptyset$	1. $< 4$ days 2. $\downarrow$ 3. $\emptyset$
Dressing current (7 days) <input checked="" type="radio"/> Y <input type="radio"/> N	1. Y 2. Y 3. Y	1. Y 2. Y 3. Y	1. Y 2. Y 3. $\emptyset$	1. Y 2. Y 3. $\emptyset$
Dressing clean, dry, and intact <input checked="" type="radio"/> Y <input type="radio"/> N	1. Y 2. Y 3. Y	1. Y 2. Y 3. Y	1. Y 2. Y 3. $\emptyset$	1. Y 2. Y 3. $\emptyset$
Initials noted on dressing	1. Y 2. ZZ 3. ZZ	1. Y 2. ZZ 3. ZZ	1. Y 2. N 3. $\emptyset$	1. Y 2. I 3. $\emptyset$
Date noted on dressing	1. Y 2. ZZ 3. ZZ	1. Y 2. ZZ 3. ZZ	1. X 2. ZZ 3. $\emptyset$	1. X 2. I 3. $\emptyset$
Time noted on dressing	1. Y 2. ZZ 3. ZZ	1. X 2. ZZ 3. ZZ	1. X 2. ZZ 3. $\emptyset$	1. $\downarrow$ 2. I 3. $\emptyset$
All IV tubing labeled	<input checked="" type="radio"/> Y <input type="radio"/> N			
All IV tubing current (24 or 96 hours)	<input checked="" type="radio"/> Y <input type="radio"/> N			
All unused ports or peripheral lines clamped	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible
All unused ports have alcohol impregnated caps (Curoc caps) in place	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible
IV stabilization device in place	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y <input type="radio"/> N / Not eligible
Flushing of each port documented q8h	<input checked="" type="radio"/> Y <input type="radio"/> N			
Cathflo given if sluggish or no return documented per port	Y / N / <u>Not eligible</u>			
Meditech: Insertion date, gauge, and care documented on each IV assessment (today)	<input checked="" type="radio"/> Y <input type="radio"/> N			

Today= since midnight

Please feel free to add any additional comments that may be helpful to Sydney Cmar: