

**Concurrent Quality & Infection Control
Precautions Monitoring: VAP**

UNIT: <u>4C</u> DATE: <u>1/31/2024</u>	4000 Ventilator Pt. #1 <u>4000</u>	4000 Ventilator Pt. #2 <u>4004</u>	Ventilator Pt. #3	Ventilator Pt. #4
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	Y / N / Not eligible	Y / N / Not eligible
Sedation Vacation attempted today	Y / <input checked="" type="radio"/> N / Not eligible	Y / <input checked="" type="radio"/> N / Not eligible	Y / N / Not eligible	Y / N / 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	Y / N / Not eligible	Y / 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	Y / N / Not eligible	Y / N / Not eligible
Oral Care every 2-4 hours today	Y / <input checked="" type="radio"/> N / Not eligible	Y / <input checked="" type="radio"/> N / Not eligible	Y / N / Not eligible	Y / 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	Y / N / Not eligible	Y / N / Not eligible
Suction documented twice / shift	Y / <input checked="" type="radio"/> N / Not eligible	Y / <input checked="" type="radio"/> N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Daily chest x-ray to verify placement of NG/OG/ET tubes	Y / <input checked="" type="radio"/> N / Not eligible	<input checked="" type="radio"/> Y / <input type="radio"/> N / Not eligible	Y / N / Not eligible	Y / N / Not eligible

Today= since midnight

**Concurrent Quality & Infection Control
Precautions Monitoring: CAUTI**

UNIT: <u>4C</u>	Foley Catheter #1 <u>4000</u> 4004	Foley Catheter #2 <u>4004</u> 4000	Foley Catheter #3 <u>4010</u>	Foley Catheter #4 <u>4012</u>
DATE: <u>1/31/2024</u>				
Foley catheter type (Foley, Coude, 3-way, etc.) *	<u>Foley</u>	<u>Foley</u>	<u>Foley</u>	<u>Foley</u>
Insertion date and time labeled on bag Y / N	<u>Y</u> / (N)	<u>Y</u> / (N)	<u>Y</u> / (N)	<u>Y</u> / (N)
How long has it been in place? Circle/highlight	<u>< 1 days</u> 2-3 days > 3 days	<u>< 1 days</u> 2-3 days <u>> 3 days</u>	<u>< 1 days</u> <u>2-3 days</u> > 3 days	<u>< 1 days</u> 2-3 days <u>> 3 days</u>
Tubing & bag below level of bladder Y/N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N
Is the drainage bag touching the floor?	<u>Y</u> / (N)	<u>Y</u> / (N)	<u>Y</u> / (N)	<u>Y</u> / (N)
Stat Lock in place	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N
Green clip secured to bed	<u>Y</u> / (N)	<u>Y</u> / (N)	<u>Y</u> / (N)	<u>Y</u> / (N)
No dependent loops	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / (N)	<u>Y</u> / N
TES present & intact (red tag on tubing)	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N
Documented Pericare q 24 hrs.	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N
Reason for Foley documented by nursing	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N
Meditech: insertion date & location (today) *	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N	<u>Y</u> / N

Today= since midnight

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

Concurrent Quality & Infection Control
Precautions Monitoring: Central Line-Associated Bloodstream Infections

UNIT: <u>4C</u>	<u>4004</u> IV Pt. #1	<u>4004</u> IV Pt. #2	<u>4001</u> IV Pt. #3	<u>4002</u> IV Pt. #4
DATE: <u>1/31/2024</u>				
IV type- Central Line- TLC, Midlines, Hemodialysis (pigtailed), Peripheral	1. Quad peripheral 2. peripheral 3. peripheral	1. Upper arm 2. AC 3.	1. Quad 2. 3.	1. Hand 2. Upper arm 3.
How long has it been in place? ≤ 4 days, > 4 days	1. 74 days 2. 74 days 3. 74 days	1. ≤ 4 days 2. ≤ 4 days 3.	1. ≤ 4 days 2. 3.	1. pt dlc'd 2. ≤ 4 days 3.
Dressing current (7 days) Y/N	1. yes 2. yes 3. yes	1. yes 2. yes 3.	1. yes 2. 3.	1. pt dlc'd 2. yes 3.
Dressing clean, dry, and intact Y/N	1. yes 2. yes 3. yes	1. yes 2. yes 3.	1. yes 2. 3.	1. pt dlc'd 2. yes 3.
Initials noted on dressing	1. no 2. no 3. no	1. no 2. no 3.	1. no 2. 3.	1. n/a 2. no 3.
Date noted on dressing	1. no 2. no 3. no	1. no 2. no 3.	1. no 2. 3.	1. n/a 2. no 3.
Time noted on dressing	1. no 2. no 3. no	1. no 2. no 3.	1. no 2. 3.	1. n/a 2. no 3.
All IV tubing labeled	Y/N	Y/N	Y/N <u>N/A</u>	Y/N
All IV tubing current (24 or 96 hours)	Y/N	Y/N	Y/N <u>N/A</u>	Y/N
All unused ports or peripheral lines clamped <u>N/A</u>	Y/N/Not eligible	Y/N/Not eligible	Y/N/Not eligible	Y/N/Not eligible
All unused ports have alcohol impregnated caps (Curoc caps) in place	Y/N/Not eligible	Y/N/Not eligible	Y/N/Not eligible <u>yes</u>	Y/N/Not eligible
IV stabilization device in place (StatLock) <u>no</u>	Y/N/Not eligible	Y/N/Not eligible	Y/N/Not eligible	Y/N/Not eligible
Flushing of each port documented q8h	Y/N	Y/N	O/N	O/N
Cathflo given if sluggish or no return documented per port	Y/N/Not eligible	Y/N/Not eligible	Y/N/Not eligible	Y/N/Not eligible
Meditech: Insertion date, gauge, and care documented on each IV assessment (today)	Y/N	Y/N	Y/N	Y/N

Today= since midnight

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

Name: Elizabeth M...

Date: 01/31/2024