

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

UNIT: __4C__	Ventilator Pt. #1	Ventilator Pt. #2	Ventilator Pt. #3	Ventilator Pt. #4  Not applicable
DATE: __03/26/25__				
Head of Bed at least 30 degrees	Y / N / Not eligible			
Sedation Vacation attempted today	Y / N / Not eligible			
Peptic Ulcer Disease Prophylaxis	Y / N / Not eligible			
Deep Vein Thrombosis Prophylaxis	Y / N / Not eligible			
Oral Care every 2-4 hours today	Y / N / Not eligible			
Turn and reposition every 2 hours today	Y / N / Not eligible			
Suction documented twice / shift	Y / N / Not eligible			
Daily chest x-ray to verify placement of NG/OG/ET tubes	Y / N / Not eligible			

Today= since midnight

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

UNIT: <u>  4C  </u>	Foley Catheter #1	Foley Catheter #2	Foley Catheter #3	Foley Catheter #4
DATE: <u>  03/26/25  </u>				
Foley catheter type (Foley, Coude, 3-way, etc.)	Foley catheter	Condom order/Foley catheter in	Foley catheter	Foley catheter
Location of Insertion?	ER	ER	ER	ER
Insertion date and time labeled on bag Y / N	Y / N	Y / N	Y / N	Y / N
How long has it been in place? <u>Circle/highlight</u>	≤ 1 days 2-3 days > 3 days			
Tubing & bag below level of bladder Y/N	Y / N	Y / N	Y / N	Y / N
Is the drainage bag touching the floor?	Y / N	Y / N	Y / N	Y / N
Stat Lock in place	Y / N	Y / N	Y / N	Y / N
Green clip secured to bed	Y / N	Y / N	Y / N	Y / N
No dependent loops	Y / N	Y / N	Y / N	Y / N
TES present & intact (red tag on tubing)	Y / N	Y / N	Y / N	Y / N
Documented Pericare q 24 hrs.	Y / N	Y / N	Y / N	Y / N
Reason for Foley documented by nursing	Y / N	Y / N	Y / N	Y / N
Meditech: insertion date & location (today) *	Y / N	Y / N	Y / N	Y / 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: __4P_____ DATE: __03/26/25_____	IV Pt. #1	IV Pt. #2	IV Pt. #3	IV Pt. #4
IV type- Central Line- TLC, Midlines, Hemodialysis (pigtailed), Peripheral	1. Peripheral 2. Peripheral 3.	1. Peripheral 2. 3.	1. Infusaport 2. 3.	1. Peripheral 2. Peripheral 3.
How long has it been in place? ≤ 4 days, > 4 days	1. ≤ 4 days 2. ≤ 4 days 3.	1. ≤ 4 days 2. 3.	1. ≤ 4 days 2. 3.	1. ≤ 4 days 2. ≤ 4 days 3.
Dressing current (7 days) Y/N	1. Y 2. Y 3.	1. Y 2. 3.	1. Y 2. 3.	1. Y 2. Y 3.
Dressing clean, dry, and intact Y/N	1. Y 2. Y 3.	1. Y 2. 3.	1. Y 2. 3.	1. N 2. Y 3.
Initials noted on dressing	1. N 2. Y 3.	1. N 2. 3	1. N 2. 3	1. N 2. N 3
Date noted on dressing	1. N 2. Y 3	1. N 2. 3	1. N 2. 3	1. N 2. N 3
Time noted on dressing	1. N 2. Y 3	1. N 2. 3	1. N 2. 3	1. N 2. N 3
All IV tubing labeled	Y / N	Y / N	Y / N	Y / N
All IV tubing current (24 or 96 hours)	Y / N	Y / N	Y / N	Y / N
All unused ports or peripheral lines clamped	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
All unused ports have alcohol impregnated caps (Curocaps) in place	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
IV stabilization device in place (StatLock)	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	Y / N	Y / 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 or Sandie:**

Name: Hannah Castro

Date: 03/26/25