Quality & Infection Control
Precautions Monitoring: VAP, CAUTI, Catheter-Related Bloodstream Infection

Unit: 4C Date: 3/26/2025	Ventilator Pt #1: 4002	Ventilator Pt #2: 4006	Ventilator Pt #3: 4007
HOB at least 30 degrees	Yes	Yes	Yes
Sedation Vacation attempted today	No	Yes	No
Peptic Ulcer Disease Prophylaxis	Yes	Yes	Yes
Deep Vein Thrombosis Prophylaxis	Yes	Yes	Yes
Oral Care every 2-4 hours today	No	Yes	No
Turn and reposition every 2 hours today	Yes	Yes	Yes
Suction documented twice/shift	Yes	Yes	No
Daily Chest x-ray to verify placement of NG/OG/ET tubes	No	Yes	Yes

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Unit: 4C Date: 3/26/2025	Foley Catheter #1: 4002	Foley Catheter #2: 4006	Foley Catheter #3: 4008	Foley Catheter #4: 4014
Foley Catheter type: (Foley, Coude, 3-Way, etc)	Foley	Condom Order Foley in ICU	Foley	Foley
Location of Insertion	ER	ER order ICU insertion	ER	ER
Insertions date and time labeled on bag (Y/N)	Yes	No	Yes	No
How long has it been in place?	<1 days	>3 days	>3 days	>3 days
Tubing & Bag below level of bladder? (Y/N)	Yes	Yes	Yes	Yes
Is the drainage bag touching the floor?	No	No	No	No
Stat lock in place	Yes	Yes	Yes	Yes
Green Clip Secured	Yes	Yes	Yes	Yes
No dependent loops	Yes	Yes	Yes	Yes
TES present & intact (red tag on tubing)	Yes	Yes	Yes	Yes
Documented Pericare q 24 hrs	Yes	Yes	Yes	Yes
Reason for Foley documented by nursing	Yes	Yes	Yes	Yes

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Meditech: insertion date & location (today)	Yes	Yes	Yes	Yes

Unit: 4P Date: 3/26/2025	IV Pt #1	IV Pt #2	IV Pt #3	IV Pt #4
IV Type	1. Peripheral 2. Peripheral	1. Peripheral	1. Infusaport	1. Peripheral 2. Peripheral
How long has it been in place?	1. 2 days 2. 3 days	1. 1 day	1. 4 days	1. 2 days 2. 1 day
Dressing current (7days) Y/N	1. Yes 2. Yes	1. Yes	1. Yes	1. Yes 2. Yes
Dressing clean, dry, and intact Y/N	1. Yes 2. Yes	1. Yes	1. Yes	1. No 2. Yes
Initials Noted on Dressing	1. No 2. Yes	1. No	1. No	1. No 2. No
Date Noted on Dressing	1. No 2. Yes	1. No	1. No	1. No 2. No
Time Noted on Dress	1. No 2. Yes	1. No	1. No	1. No 2. No
All IV tubing labeled	No	No	Yes	No
All IV tubing current (24 or 96 hrs)	Yes	Yes	No	No
All unused	Yes	Yes	Not eligible	Yes

ports or peripheral lines clamped				
All unused ports have alcohol impregnated caps (Curos)	Yes	Yes	Not eligible	Yes
IV stabilization device in place	Yes	Yes	Not eligible	Yes
Flushing of each port documented q8h	Yes	Yes	No	No
Cathflo given if sluggish	N/A	N/A	N/A	N/A
Meditech: insertion date, gauge, and care documented on each IV assessment	Yes	Yes	Yes	No