

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

UNIT: _4c__  DATE: _4/1__	Ventilator Pt. #1	NA	NA	NA
Head of Bed at least 30 degrees	Yes	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Sedation Vacation attempted today	NO	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Peptic Ulcer Disease Prophylaxis	Y	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Deep Vein Thrombosis Prophylaxis	Y	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Oral Care every 2-4 hours today	Y	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Turn and reposition every 2 hours today	Y	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Suction documented twice / shift	N	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible
Daily chest x-ray to verify placement of NG/OG/ET tubes	Y	Y / N / Not eligible	Y / N / Not eligible	Y / N / Not eligible

Today= since midnight

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

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

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: _____ DATE: _____	IV Pt. #1	IV Pt. #2	IV Pt. #3	IV Pt. #4
IV type- Central Line- TLC, Midlines, Hemodialysis (pigtailed), Peripheral	1.peripheral 2.Central 3.	1.Peripheral 2. 3.	1.Peripheral 2. 3.	1.Peripheral 2.PICC 3.
How long has it been in place? ≤ 4 days, > 4 days	1. >4 2.>4 3.	1. <4 2. 3.	1.<4 2. 3.	1.<4 2.>4 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.y 2.y 3.
Initials noted on dressing	1. BEF 2. 3.	1. ES 2. 3	1. MS 2. 3	1. CH 2. CH 3
Date noted on dressing	1. 3/27 2. 3	1. 3/31 2. 3	1. 3/30 2. 3	1. 3/31 2. 3
Time noted on dressing	1. 1330 2. 3	1. 0200 2. 3	1. 1130 2. 3	1. 0455 2. 3
All IV tubing labeled	Y	Y	Y	N
All IV tubing current (24 or 96 hours)	Y	Y	Y	Y
All unused ports or peripheral lines clamped	Y	Y	Y	Y
All unused ports have alcohol impregnated caps (Curocaps caps) in place	Y	Y	Y	Y
IV stabilization device in place (StatLock)	Y	Y	Y	Y
Flushing of each port documented q8h	Y	Y	Y	Y
Cathflo given if sluggish or no return documented per port	N	N	N	N
Meditech: Insertion date, gauge, and care documented on each IV assessment (today)	Y	Y	Y	Y

Today= since midnight

**Please feel free to add any additional comments that may be helpful to Sydney or Sandie:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_