

**Catheter-related Blood Stream Infection  
Care Team Checklist**

**Purpose:** To work as a team to decrease patient harm from catheter-related blood stream infections  
**When:** During all central venous or central arterial line insertions or re-wires  
**By whom:** Bedside nurse

1. Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year
  
2. Procedure:  New line    Rewire
  
3. Is the procedure:  Elective    Emergent
  
4. 

	Yes	No	Don't know
<b>Before the procedure, did the housestaff:</b>			
Wash hands (chlorhexidine or soap) immediately prior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sterilize procedure site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drape entire patient in a sterile fashion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the procedure, did the housestaff:</b>			
Use sterile gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use hat, mask and sterile gown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain a sterile field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did all personnel assisting with procedure follow the above precautions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After the procedure:</b>			
Was a sterile dressing applied to the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please return completed form to the designated location in your ICU.**