## Central Line Associated Blood Stream Infection (CLABSI) Top Ten Checklist

TOP TEN EVIDENCE BASED INTERVENTIONS				
PROCESS CHANGE	IN PLACE	NOT DONE	WILL ADOPT	NOTES (RESPONSIBLE AND BY WHEN?)
Implement the Insertion Bundle: Procedural pause, hand hygiene, aseptic technique for insertion and care, site selection of subclavian (preferred) or internal jugular (acceptable), avoidance of femoral vein in adults, maximal sterile precautions, and skin prep with 2% chlorhexidine.				
Implement an insertion checklist to promote compliance and monitoring.				
Implement a "Stop the Line" approach to the insertion bundle. If there is an observed violation of infection control practices (e.g. maximal sterile barrier precautions, break in sterile technique), line placement should stop and the violation corrected.				
Adopt the maintenance bundle with dressing changes (every 7 days for transparent dressings), line changes, and IV fluid changes. Incorporate dressing changes into daily assessment and review. Can be part of charge nurse's checklist along with the daily review of line necessity.				
Incorporate a daily review of line necessity into workflow, e.g. charge nurse rounds. Use an electronic health care record prompt.				
Use a chlorhexidine impregnated sponge dressing.				
Use 2% chlorhexidine impregnated cloths for daily skin cleansing.				
Do not routinely replace CVCs, PICCs, hemodialysis catheters, or pulmonary artery catheters.				
Use a suture-less securement device.				
Use ultrasound guidance to place lines if this technology is available.				





