



Healthcare-Associated Infections Program Adherence Monitoring Central Line Access and/or Dressing Change Practices

Assessment completed by:

Date:

Unit:

Regular monitoring with feedback of results to staff can improve adherence to central line procedure and maintenance practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where central lines are used.

Instructions: Use this tool to observe central lines during dressing changes or port access for medication administration. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the bottom row.

Practices denoted by an asterisk (*) are considered core strategies and should be correctly practiced at all times.

Central Line Access and/or Dressing Change Practices		Patient/ Resident 1		Patient/ Resident 2		Patient/ Resident 3		Patient/ Resident 4		Adherence by Task	
		# Yes	# Observed	# Yes	# Observed	# Yes	# Observed	# Yes	# Observed	# Yes	# Observed
M1.	An all-inclusive supply kit is used for central line dressing changes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
M2.*	Hand hygiene is performed before and after manipulating the catheter (regardless of glove use).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
M3.*	Dressings that are wet, soiled, or dislodged are changed promptly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
M4.*	The need for the central line is assessed daily by a practitioner, with prompt removal of unnecessary lines. (May require chart review.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
M5.	If performing a dressing change, a scrubbing method is used when applying CHG to the insertion site.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
M6.*	The dressing is changed with aseptic technique, using clean gloves to remove the old dressing and sterile gloves when applying the new dressing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
M7.*	The access port or hub is scrubbed immediately prior to each use with the appropriate antiseptic.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
M8.	Antiseptic-containing protector caps are utilized for all line connectors if it is facility policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
M9.*	The catheter is accessed with only sterile devices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
M10.	Daily bathing with a 2% CHG solution is done if facility policy. (May require chart review.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

of Correct Practice Observed (“# Yes”): ____
Total # Central Line Practice Observations (“# Observed”): ____
Adherence ____%

(Up to 40 total)

(“Total “# Yes” ÷ Total “# Observed”) x 100

If practice could not be observed (i.e. cell is blank), do not count in total # Observed

All 6 Core Elements are in place for all patients/residents observed: ☐ Yes ☐ No