



# Central Venous Catheter: Observation

**Instructions:** Observe patients with central lines in place. Observe each practice and record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

Central catheter: Observation Categories		Patient 1	Patient 2	Patient 3	Patient 4	Summary of Observations	
						Yes	Total Observed
1	Is the dressing adhesive intact over the catheter insertion site and drainage contained? (This question is for all dressings, including chlorhexidine gluconate -CHG dressings)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2	Is the dressing dated and timed according to facility policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	Is the catheter secured to reduce movement or tension?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4	Are the administration tubing sets labeled with the start date and time?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5	If the tubing set is labeled, is it within the specified date and time range for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
6	Are all inactive ports capped according to facility policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
<b>Total YES and TOTAL OBSERVED</b>							



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

Observer Role:  Nurse  Tech  Other \_\_\_\_\_ Initials: \_\_\_\_\_

Location/Unit: \_\_\_\_\_

Notes and comments: