



Central Venous Catheter: Observation

ICU-1

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					
Total YES and TOTAL OBSERVED							



Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Urinary Catheter: Observation

ICU-2

Instructions: Observe patients with urinary catheters 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.

Urinary catheter: Observation Categories		Patient 1	Patient 2	Patient 3	Patient 4	Summary of Observations	
						Yes	Total Observed
1	Is the catheter properly secured to the patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2	Is there unobstructed flow from the catheter into the bag?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	Is the collection bag below the level of the bladder?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4	Are the bag and tubing off of the floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Total YES and TOTAL OBSERVED							



Urinary Catheter: Observation

ICU-2

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Ventilator: Observation

ICU-3

Instructions: Observe patients on ventilators. For each category, 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.

Ventilator: Observation Categories		Patient 1	Patient 2	Patient 3	Patient 4	Summary of Observations	
						Yes	Total Observed
1	Is the head of the bed elevated >30 degrees?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2	Is the ventilator tubing free of excessive condensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	Are supplies needed for oral care readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Total YES and TOTAL OBSERVED							



Ventilator: Observation

ICU-3

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Standard Precautions: Observation of Hand Hygiene Provision of Supplies

ICU-4

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, 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.

Standard Precautions: Observation Categories		Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations	
							Yes	Total Observed
1	Are functioning sinks readily accessible in the patient care area?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2	Are all handwashing supplies, such as soap and paper towels, available?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3	Is the sink area clean and dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4	Are any clean patient care supplies on the counter within a splash-zone of the sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
5	Are signs promoting hand hygiene displayed in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6	Are alcohol dispensers readily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7	Are alcohol dispensers filled and working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Total YES and TOTAL OBSERVED								



Standard Precautions: Observation of Hand Hygiene Provision of Supplies

ICU-4

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Standard Precautions: Observation of Personal Protective Equipment Provision

ICU-5

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, 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.

Standard Precautions: Observation Categories		Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations	
							Yes	Total Observed
1	Are gloves readily available outside each patient room or any point of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2	Are cover gowns readily available near each patient room or point of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3	Is eye protection (face shields or goggles) readily available near each patient room or point of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4	Are face masks readily available near each patient room or point of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
5	Are alcohol dispensers readily accessible and functioning?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Total YES and TOTAL OBSERVED								



Standard Precautions: Observation of Personal Protective Equipment Provision

ICU-5

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Isolation: Observation of Area Exterior to Contact Isolation Rooms

ICU-6

Instructions: Observe areas outside of isolation rooms. 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. Disregard not applicable categories. For example, cover gowns should be outside contact precautions rooms, but may not be required outside a room with airborne isolation precautions only.

Isolation room: Observation Categories		Room 1	Room 2	Room 3	Summary of Observations	
					Yes	Total “Yes” & “No”
1	Is an isolation sign at the patient’s door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Are gloves available outside of each patient room or treatment area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
3	Are cover gowns available near each patient room or treatment area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Is other PPE for standard precautions (e.g., eye protection, face masks) available near each patient room or treatment area?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5	Are surgical face masks or face shields or N95 respirators available near patient room?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
6	Is dedicated patient equipment, such as stethoscopes or blood pressure cuffs, available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL (Do not include N/A in totals)						



Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms

ICU-7

Instructions: If there are any patients requiring Airborne Infection Isolation on unit, observe area outside of each isolation room. 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.

Isolation room: Observation Categories		Room 1	Room 2	Room 3	Summary of Observations	
					Yes	Total Observed
1	Is an Airborne Infection Isolation sign at the patient’s door?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	Is the door to the room closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Does a manometer or other measurement mechanism indicate negative pressure in the room?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	Are appropriate respirators, (N-95) in multiple sizes and/or charged, powered air purifying respirators (PAPR), available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	Are respirators stored outside the room or in an anteroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total YES and TOTAL OBSERVED						



Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms

ICU-7

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Standard Precautions: Observation of Needlestick Prevention and Care of Laundry

ICU-8

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, 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.

Standard Precautions: Observation Categories		Room/ Area 1	Room/ Area 2	Room/ Area 3	Room/ Area 4	Room/ Area 5	Summary of Observations		
		Yes	No	Yes	No	Yes	No	Yes	Total Observed
1	Are sharps containers available?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
2	Are sharps containers properly secured and not full?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
3	Are sharps containers positioned at 52” to 56” above floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
4	Are hampers for soiled laundry labeled or color-coded?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
5	Are clean linen supplies spatially separated from soiled areas or waste and covered or contained within a cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No							
Total YES and TOTAL OBSERVED									



Standard Precautions: Observation of Needlestick Prevention and Care of Laundry

ICU-8

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Injection Safety: Observation of Centralized Medication Area

ICU-9

Instructions: Observe medication preparation area. For each category, record the observation. Observe each practice below and answer Yes, No, or N/A. Sum all Yes and No responses. Divide by sum of "Yes"+"No". Disregard not applicable categories.

Medication preparation room: Observation Categories				
1	If multi-dose injectable medications are present, is the medication container maintained in a dedicated medication preparation space?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2	Is the medication preparation area free of opened single dose vials or opened single use containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer's expiration period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4	Medications are prepared in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5	Are splash guards installed at sinks that are located close to medication prep areas?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6	Are sinks readily accessible to healthcare providers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7	Are hand washing supplies, such as soap, and paper towels, available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8	Are alcohol dispensers readily available, filled, and functioning properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
TOTAL (Total YES and No Only)				



Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Injection Safety: Observation of Portable Medication Systems

ICU-10

Instructions: Observe three portable medication carts. For each category, record the observation as Yes, No, or N/A. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Divide by sum of “Yes”+”No”. Disregard not applicable categories.

Medication cart: Observation Categories		Cart 1	Cart 2	Cart 3	Summary of Observations	
					Yes	Total “Yes” + “No”
1	If multi-dose injectable medications are present are they maintained in a dedicated medication prep space?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
2	Are alcohol dispensers readily accessible, filled, and functioning properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	Is the medication cart free of opened single dose vials or opened single use containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
4	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer’s expiration period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
5	Are safety syringes available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	Are sharps containers available, secured, and not full?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL (Total YES and No Only)						



Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Instructions: Observe visitor area. Observe each practice below and answer Yes, No, or N/A. Sum all Yes and No responses. Divide by sum of “Yes” + “No”.

Visitor area: Observation Categories				
1	Are hand hygiene supplies readily accessible by visitors in the waiting area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2	Are face masks readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3	Is there visible signage that clearly states that if visitors are ill, they should report to the healthcare team?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4	Is there visible signage that clearly states what, if any, visitor (children or otherwise) restrictions are in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
TOTAL (Total YES and No Only)				



Observation of Visitor area

ICU-11

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments: