

# Supplemental Information

## Appendix A: Nursing Self-Practice Audit Form

### JHOC 8CVAD Maintenance Bundle

Pt's Name/Hx# \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Pt DOB: \_\_\_\_\_ Line Type: \_\_\_\_\_ Admit Date: \_\_\_/\_\_\_/\_\_\_  
 RN: \_\_\_\_\_

YES	NO	NA	Central Venous Access Device (CVAD) & Insertion Site
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do you have concerns about CVAD site/function/security (eg, redness, won't draw)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If so, was it discussed w/ medical team (Mark NA if no CVL concerns/problems)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reduction of CVL entries (draws, meds) considered/discussed with medical team (eg, PIV, IV to PO, reduced freq. of meds/labs, batching entries into one, etc)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All CVL insertion/dressing site(s) clean, dry, and intact?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All dressing site(s) clearly dated/timed? (NA if no dressing)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100% >90% <90% NA Clave@-Scrub with EVERY CVAD entry (may mark NA if no entries)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	↳ at proximal access points in circuit (e.g., CVAD, stopcocks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	↳ at distal access points in circuit (e.g., tubing, syringe pump)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15 Second Scrub/Prep: each entry at any access point in CVAD circuit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Hygiene: each CVAD access/care preceded by hand cleaning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean Gloves (non-sterile): used for each CVAD entry
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personally minimized entering CVL circuit: as infrequently as possible
For any of above "best practices" where answer was <100%, please indicate any reason(s)			
<input type="checkbox"/> Pt safety / urgency <input type="checkbox"/> Too busy <input type="checkbox"/> Forgot <input type="checkbox"/> Don't believe it matters <input type="checkbox"/> Didn't know to			
<input type="checkbox"/> Too impractical <input type="checkbox"/> Other (please explain):			

1. WHAT RELATED ITEMS ARE PRESENT?	2. ALL DATES +TIMES CLEAR?	3. ITEM CHANGED TODAY?	
		NO	YES
<input type="checkbox"/> Clave@ on CVAD hub	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Blood draw/blood product <input type="checkbox"/> N/A <input type="checkbox"/> Due/expired, but not done. Why?	<input type="checkbox"/> Y  OVER A
<input type="checkbox"/> IV Tubing	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> N/A	<input type="checkbox"/> Y  OVER B
<input type="checkbox"/> CVL Dressing	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Same day use only <input type="checkbox"/> Didn't meet criteria <i>q7d clear, q2d gauze, soiled loose</i> <input type="checkbox"/> Due/expired, but not done. Why?	<input type="checkbox"/> Y  OVER C
<input type="checkbox"/> Port Needle	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Didn't meet criteria <i>q7d, dislodge/infiltrated, with dressing</i> <input type="checkbox"/> Same day use only	<input type="checkbox"/> Y  OVER D

For any "NO" here, please either date/time (if able to determine) or replace & mark "YES" here

### JHOC CVAD Maintenance Bundle - Page 2

#### ONLY ANSWER SECTIONS FOR EQUIPMENT CHANGED

<b>A</b>	Clave@ (those directly attached to CVL hub) changed because:	<input type="checkbox"/> N/A <input type="checkbox"/> Uncertain when changed
	<input type="checkbox"/> Blood / blood product.	
<b>YES</b>	<b>NO</b>	<b>PROCEDURE</b>
<input type="checkbox"/>	<input type="checkbox"/>	Sterile gloves and mask worn by care provider / assistant
<input type="checkbox"/>	<input type="checkbox"/>	Clave@ connection site scrubbed with alcohol for 15s before removal of old one
<input type="checkbox"/>	<input type="checkbox"/>	New Clave@ dated/timed documented in chart.
<b>B</b>	CARRIER TUBING changed because:	<input type="checkbox"/> N/A <input type="checkbox"/> Acuity change
	<input type="checkbox"/> Fluid incompatibility	
<b>YES</b>	<b>NO</b>	<b>PROCEDURE</b>
<input type="checkbox"/>	<input type="checkbox"/>	Tubing/Clave@ connection site scrubbed with alcohol for 15s before disconnection
<input type="checkbox"/>	<input type="checkbox"/>	Changed all Claves@, connectors, stopcocks, manifolds, extensions down to CVAD hub
<input type="checkbox"/>	<input type="checkbox"/>	Sterile/Clean gloves worn for connection of new tubing to CVAD hub
<input type="checkbox"/>	<input type="checkbox"/>	Mask worn by care provider / assistant for connection of new tubing to CVAD hub
<b>C</b>	CVAD DRESSING changed because:	<input type="checkbox"/> 7 days since last transparent dressing <input type="checkbox"/>
	<input type="checkbox"/> Dressing soiled / loose / damp <input type="checkbox"/>	
<b>YES</b>	<b>NO</b>	<b>PROCEDURE</b>
<input type="checkbox"/>	<input type="checkbox"/>	Site shielded from sources of patient contamination (e.g., mask face, drape trach/pubis)
<input type="checkbox"/>	<input type="checkbox"/>	Securing method (e.g., suture) verified and satisfactory (if problem, notify MD to secure)
<input type="checkbox"/>	<input type="checkbox"/>	Hand hygiene performed immediately before dressing change
<input type="checkbox"/>	<input type="checkbox"/>	Sterile gloves worn for dressing change
<input type="checkbox"/>	<input type="checkbox"/>	Masks worn by care provider / assistant for dressing change
<input type="checkbox"/>	<input type="checkbox"/>	Site cleansed with CHG friction rub for 30s plus 60s air-dry (if CHG not used, why?)
<input type="checkbox"/>	<input type="checkbox"/>	New dressing dated/timed prior to this prompt (if not, please mark "No" then date/time)
<b>D</b>	NEEDLE changed because:	<input type="checkbox"/> Same day use only
	<input type="checkbox"/> 7 days since last changed <input type="checkbox"/> Dressing loosened/soiled	
	<input type="checkbox"/> Needle dislodged / infiltrated <input type="checkbox"/> Needle change past-due by ___ # days	
<b>YES</b>	<b>NO</b>	<b>PROCEDURE → complete "C" above for dressing change component!</b>
<input type="checkbox"/>	<input type="checkbox"/>	Date/time of new needle noted in some manner... prior to this prompt (if not, please do)
...AND...		
<b>?</b>	For any of above "best practices" where answer is NO, please indicate any reason(s)	
<input type="checkbox"/> Pt safety / urgency <input type="checkbox"/> Too busy <input type="checkbox"/> Forgot <input type="checkbox"/> Don't believe it matters <input type="checkbox"/> Didn't know to		
<input type="checkbox"/> Too impractical <input type="checkbox"/> Other (please explain):		

All comments/insights welcome! Completed forms Cindy Herpst 1/14/11

**Appendix B: Mini-Root Cause Analysis Form**

Patient	MR No:	Admit Date
Diagnosis:		Infection Date:
Disease stage:		Organism:
Remission Status:		Criteria:

	CVC Insertion (date, type, where inserted)	Date CVC Removed	Insertion Site	Maximum sterile barriers, large drape, 2-minute skin prep followed by air drying
<b>Patient Information and CVC Care Practices</b>				
1	Patient's location/room number(s)			
2	Date of last CVC dressing change and skin condition at insertion site at that time/port access			
3	Estimated number of CVC system entries for each 24-hour period for 72-hours prior to infection date			
4	A 30-second scrub followed by 30-second air dry with 2% CHG/70% alcohol was used to access the CVC hub/ports located below the level of the IV pump			
	Yes: _____ No: _____ If no, please explain why: _____			
5	A 70% alcohol scrub was used to access IV ports/caps located at/above the IV pump			
	Yes: _____ No: _____ If no, please explain why: _____			
6A	48-72 hours before infection date, who accessed the CVC system (check all that apply)?			
6B	Date of last access- _____			
	___ Floor Nurse ___ Nurse from Other Unit ___ Local MD ___ Radiation ___ Anesthesia ___ ED ___ Radiology Personnel ___ Family ___ Home care RN ___ Other Recent Procedures: _____ (specify) _____			
7	Describe any mechanical problems with CVC prior to the infection date			
8	Have there been any problems with the CVC or IV equipment or supplies?			
9	Is there any additional hardware present?			
	Yes (specify): _____ No: _____			
10	Are there any significant patient factors that may have contributed to this infection?			
	___no___ Prior + onc surveillance cx/ colonization with above organism ___ Mucositis ___ Diarrhea ___ Skin Lesions ___ GVHD: acute/ chronic; organ involvement _____ active/ controlled/ resolved _____ ___ Immune suppressive agents /dose: _____			
11	What recent therapy has the patient had?			
	BMT ___allo/ auto; day of regimen _____ Chemotherapy protocol: ___ ___ Most recent agents/ cycle: ___ XRT within the past 2 months: _____ Surgery in the past month (explain): _____ Use of Hospira tubing? ___yes ___no			
12	Laboratory Findings on date of infection:			
	WBC ___ ANC ___ ALC ___ rising/ falling			
13	Could this infection have been prevented?			
	Yes: _____ No: _____ Please explain why: _____			

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