BRIGHAM AND WOMEN'S HOSPITAL

Patient sticker

BWH NICU Central Line Daily Maintenance Checklist

Central line (CL) type: □ UVC   □UAC   □PICC   □Broviac   □Other (please specify):

Date CL was placed (will count as day 1):_____

R O U N D S	CL day _____ Date _____	CL day _____ Date _____	CL day _____ Date _____	CL day _____ Date _____
	Enteral feeding volume (in ml/kg/day): _____	Enteral feeding volume (in ml/kg/day): _____	Enteral feeding volume (in ml/kg/day): _____	Enteral feeding volume (in ml/kg/day): _____
	Do we need the line today? □Yes □No Reason:_____	Do we need the line today? □Yes □No Reason:_____	Do we need the line today? □Yes □No Reason:_____	Do we need the line today? □Yes □No Reason:_____
	Hand hygiene before & after gloving? □ Yes □ No	Hand hygiene before & after gloving? □ Yes □ No	Hand hygiene before & after gloving? □ Yes □ No	Hand hygiene before & after gloving? □ Yes □ No
	Gloves while accessing the line? □ Yes □ No	Gloves while accessing the line? □ Yes □ No	Gloves while accessing the line? □ Yes □ No	Gloves while accessing the line? □ Yes □ No
	Hub scrub for 15 secs & dry for 30 secs? □ Yes □ No	Hub scrub for 15 secs & dry for 30 secs? □ Yes □ No	Hub scrub for 15 secs & dry for 30 secs? □ Yes □ No	Hub scrub for 15 secs & dry for 30 secs? □ Yes □ No
	Tubing labeled with time/date/ CL sticker? □ Yes □ No	Tubing labeled with time/date/ CL sticker? □ Yes □ No	Tubing labeled with time/date/ CL sticker? □ Yes □ No	Tubing labeled with time/date/ CL sticker? □ Yes □ No
	Curos caps on the unused ports? □ Yes □ No	Curos caps on the unused ports? □ Yes □ No	Curos caps on the unused ports? □ Yes □ No	Curos caps on the unused ports? □ Yes □ No
	Is the dressing soiled or loose? □ Yes □ No □ N/A	Is the dressing soiled or loose? □ Yes □ No □ N/A	Is the dressing soiled or loose? □ Yes □ No □ N/A	Is the dressing soiled or loose? □ Yes □ No □ N/A
	Dressing changed in past 7 days? □ Yes □ No □ N/A	Dressing changed in past 7 days? □ Yes □ No □ N/A	Dressing changed in past 7 days? □ Yes □ No □ N/A	Dressing changed in past 7 days? □ Yes □ No □ N/A
	Isolette changed in the past 14 days? □ Yes □ No □ N/A	Isolette changed in the past 14 days? □ Yes □ No □ N/A	Isolette changed in the past 14 days? □ Yes □ No □ N/A	Isolette changed in the past 14 days? □ Yes □ No □ N/A
	Humidity chamber changed in past 7 days? □Yes □No □N/A	Humidity chamber changed in past 7 days? □Yes □No □N/A	Humidity chamber changed in past 7 days? □Yes □No □N/A	Humidity chamber changed in past 7 days? □Yes □No □N/A
	Number of sticks (heel, artery, vein, PIV) this shift? □ 0 □ 1-4 □ 5-9 □ >10	Number of sticks (heel, artery, vein, PIV) this shift? □ 0 □ 1-4 □ 5-9 □ >10	Number of sticks (heel, artery, vein, PIV) this shift? □ 0 □ 1-4 □ 5-9 □ >10	Number of sticks (heel, artery, vein, PIV) this shift? □ 0 □ 1-4 □ 5-9 □ >10
	Number of times CL was accessed this shift? □ 0 □ 1-4 □ 5-9 □ >10	Number of times CL was accessed this shift? □ 0 □ 1-4 □ 5-9 □ >10	Number of times CL was accessed this shift? □ 0 □ 1-4 □ 5-9 □ >10	Number of times CL was accessed this shift? □ 0 □ 1-4 □ 5-9 □ >10
	What are you breaking into the CL for? (meds/blood draw)_____	What are you breaking into the CL for? (meds/blood draw)_____	What are you breaking into the CL for? (meds/blood draw)_____	What are you breaking into the CL for? (meds/blood draw)_____
	RN Initials AM:_____ **Date/Time:**_____	**RN Initials AM:**_____ **Date/Time:**_____	**RN Initials AM:**_____ **Date/Time:**_____	**RN Initials AM:**_____ **Date/Time:**_____