Central Venous Catheter: Observation

DVC-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)	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Is the dressing dated and timed according to facility policy?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the catheter secured to reduce movement or tension?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are the administration tubing sets labeled with the start date and time?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
5	If the tubing set is labeled, is it within the specified date and time range for use?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
6	Are all inactive ports capped according to facility policy?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
Total YES and TOTAL OBSERVED							

Central Catheter: Observation

DVC-1

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Urinary Catheter: Observation

DVC-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?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Is there unobstructed flow from the catheter into the bag?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the collection bag below the level of the bladder?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are the bag and tubing off of the floor?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
Total YES and TOTAL OBSERVED							

Urinary Catheter: Observation

DVC-2

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Ventilator: Observation

DVC-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?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Is the ventilator tubing free of excessive condensation?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Are supplies needed for oral care readily available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
Total YES and TOTAL OBSERVED							

Ventilator: Observation

DVC-3

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Neonatal Central Catheter: Observation

DVC-4

Instructions: Observe neonatal 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		Baby 1	Baby 2	Baby 3	Baby 4	Summary of Observations	
						Yes	Total Observed
1	Is the dressing adhesive intact over the catheter insertion site and drainage contained?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Is the dressing dated and timed according to facility policy?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the catheter secured to reduce movement or tension?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are the administration tubing sets labeled and within the date range according to facility policy?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
Total YES and TOTAL OBSERVED							

Neonatal Central Catheter: Observation

DVC-4

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments: