CLABSI Prevention Bundle for Central line Insertion

Date of admission: **Date of insertion:** **Site of insertion:**
Fixation of line: **Location/area:** **Date of line removal:**
Type of line: UVC / UAC / PICC **Number of lumen: Single/double**

CENTRAL LINE INSERTION BUNDLE (To be filled on day of insertion)		
1	Equipment cart/kit checked before starting procedure	
1	Surgical Handwash performed before catheter insertion (y/n)	
2	Maximum barrier precautions taken (cap, mask, gown, sterile gloves) (y/n)	
3	Sterile Drapes	
4	Two operators	
5	Senior operator (name)	
7	Staff observer/assistant skilled in monitoring elements of sterile technique	
6	Alcohol, chlorhexidine or betadine used for skin preparation	
7	Two operators for sterile transparent dressing	
8	Sterile transparent drape covering the entire infant	
	Name/Signature	

Supplementary Figure 1 Central Line insertion bundle.

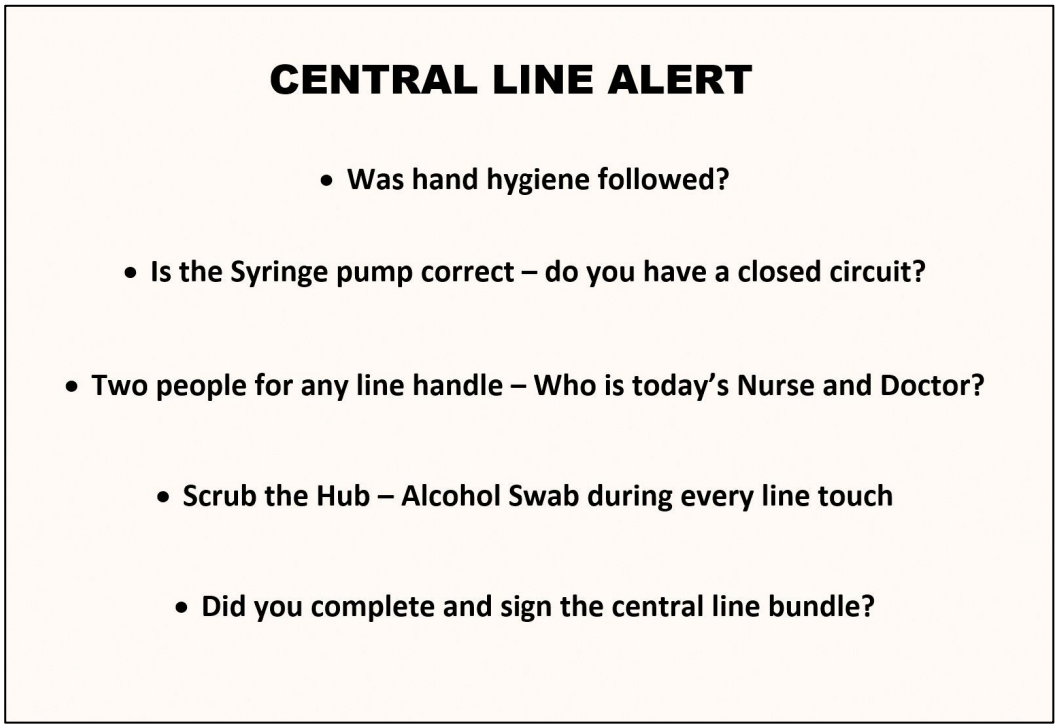
Central Line Maintenance Bundle

Clave change:

	Central line maintenance bundle- **NURSES** **(To REVIEW at START of shift and FILL at END of shift)**	M	E	N	M	E	N	M	E	N	M	E	N	M	E	N	M	E	N	M	E	N
1	Day of central line (n)																					
2	Hand hygiene (y/n)																					
3	Fluid rate running by central line (lumen 1 + lumen 2) (minimum 0.5 ml in each lumen)																					
4	Was line handled in my shift (y/n) If yes, then time?																					
5	Number of operators for line handling (N+D) with names																					
6	Sterile gloves, gown and alcohol swab use each time (scrub the hub x 15 secs) (y/n)																					
7	Entry site – any leakage/redness/displaced (y/n)																					
8	Closed system for fluid infusions (y/n)																					
Sign:																						

	Central line maintenance bundle- **DOCTORS** **(To REVIEW at START of shift and FILL at END of shift)**	M	N	M	N	M	N	M	N	M	N	M	N	M	N
1	Day of central line (n)														
2	Hand hygiene (y/n)														
3	Daily review of line necessity (y/n)														
4	Fluid rate running by central line (lumen 1 + lumen 2) (minimum 0.5 ml in each lumen)														
5	Was line handled in my shift (y/n) If yes, then time?														
6	Sterile gloves, gown and alcohol swab use each time (scrub the hub x 15 secs) (y/n)														
7	Concerns for clinical sepsis (y/n)														
Sign:															

Supplementary Figure 2 Central line maintenance bundle checklist (nurses and doctors).



Supplementary Figure 3 Central Line Alert Card – To be placed at bedside.