

CLABSI Case Review Form

Unit/Service: Date: Pt MRN:	Attendees:
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Below are areas to help you categorize issues you uncover during the review

Maintenance	(e.g. appropriate dressing changes)
Insertion	(e.g. insertion site choice)
Patient Factors	(e.g. line manipulation, immunocompromised)
Staff/Team	(e.g. documentation, communication)
Environment	
Other	

Significant Gaps or Trends:

Your recommended course of action to reduce CLABSIs for Service Line Leadership:

*Return a copy of these forms to Epidemiology or Performance Improvement

Questions for Nursing

Was the central line tubing changed in compliance with policy (every 96 hours) prior to infection?

- Yes
- No
- Unknown

Was the central line dressing changed in compliance with policy (every 7 days) prior to infection?

- Yes
- No
- Unknown

Were the central line claves changed in compliance with policy (every 96 hours) prior to infection?

- Yes
- No
- Unknown

Questions for Physicians

On IV or oral antibiotics within 48 hours of CLABSI?

- Yes
- No
- Unknown

Do you have a process for assessing daily central line necessity?

- Yes
- No
- Unknown

If yes to the above, did you adhere to that process for up to 7 days prior to infection?

- Yes
- No
- Unknown

First blood culture specimen type:

- Peripheral
- Central
- Referral

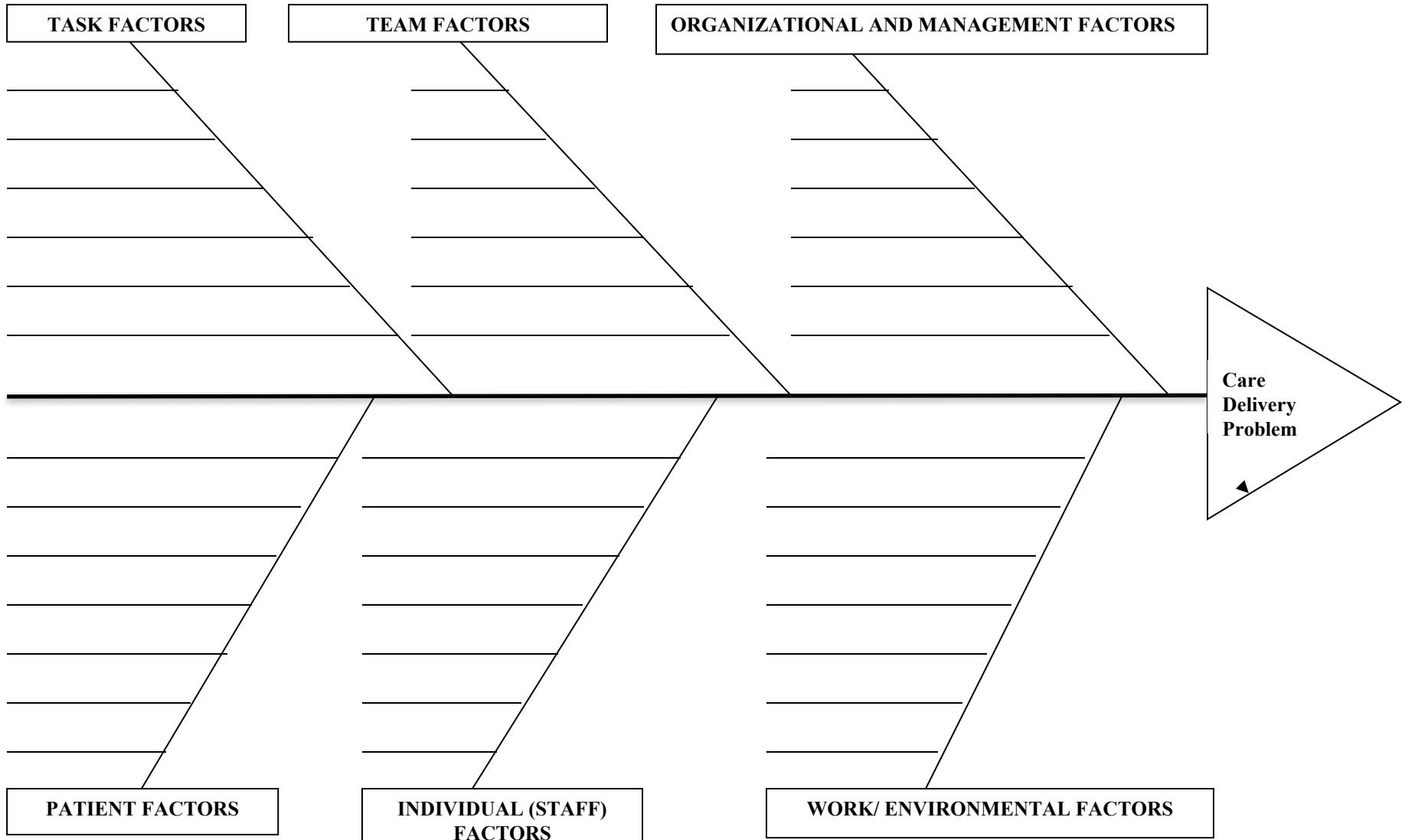
Second blood culture specimen type:

- Peripheral
- Central
- Referral

MRN: _____
Date of Bcx: _____
Organism: _____
CVL type: _____
CVL Date of insertion/DC: _____

Action Items/Person Responsible: _____

Fishbone Diagram



Fishbone Diagram

