



KNHSS

Kuwait National Healthcare - associated
Infections Surveillance System



وزارة الصحة
MINISTRY OF HEALTH

Hospital :

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CENTRAL LINE BUNDLE

Patient name..... File number..... Date of admission to location:...../...../..... Date of discharge from location:...../...../.....

Date of insertion:...../...../..... Date of removal:...../...../..... Location : ICU..... Others.....

Central line type: Dialysis Central venous Peripherally inserted central catheter (PICC) Pulmonary artery

Insertion site : Rt jugular Lt jugular Rt subclavian Lt subclavian Rt femoral Lt femoral Rt arm Lt arm Others.....

- 1. **Hand Hygiene by Inserter and Assistant**
Either by hand washing or using an alcohol - based hand rub.
- 2. **Maximal Barrier Precautions upon Insertion**
 - For operator and assistant : wearing a cap, mask, sterile gown and sterile gloves
 - For the patient : cover from head to toe with a sterile drape
- 3. **Chlorhexidine [> 0.5% (Preferably 1-2 %) Preparation with alcohol] Skin Antisepsis upon Insertion**
back and forth friction scrub for 30 seconds, allow to dry completely (~ 2 min.)
- 4. **Optimal Catheter Site Selection** (with avoidance of the femoral vein for central venous access in adult patients)

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	
5. Daily Review of Line Necessity with Prompt Removal of Unnecessary Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician / Intensivist Signature																						
Nurse Signature																						
Date/...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../...../.....

Instructions for filling the form

- Upon request for insertion of central line, put the form of Central Line Bundle into the patient file.
- Fill all patient information. Regarding the location, tick the appropriate location and specify specialty in the space provided.
- At insertion time, the assigned nurse with the help of physician / intensivist will fill the first 4 elements of the bundle.
- Daily during the morning main round, the assigned nurse with the help of physician/intensivist should fill element 5.
- If the element was done tick it. ✓
- If the element is not fully implemented leave the corresponding space blank (e.g. in element 2 : for operator and assistant: wearing a cap, mask, sterile gown and sterile gloves - if any not used, leave the corresponding space blank as not performed).
- If the patient has the central line for more than 21 days the following should be done:
 1. Another page of the form is required to be filled.
 2. Fill the top part of form (Page 2 ----- of -----) which indicates that more than one page used for the same central line.
 3. Fill all patient information.
 4. Proceed directly to element 5.
- If the central line is removed and a new one inserted, fill another new form with the patient details. Start from (Page 1 ----- of -----).
- If the patient has more than one central line, fill Central Line Bundle form for each one.