CDC Dialysis Collaborative *Facility Name:*_____ *Date:*_____ *Start time:*_____*AM / PM*

*Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Observer:*_____ *Location within unit:*_____

Audit Tool: Catheter exit site care observations

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

Discipline	Mask worn properly (if required)	Hand hygiene performed	New clean gloves worn	Skin antiseptic applied appropriately	Skin antiseptic allowed to dry	No contact with exit site (after antisepsis)	Antimicrobial ointment applied	Dressing applied aseptically	Gloves removed	Hand hygiene performed	Comments

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Duration of observation period:_____minutes

Number of procedures performed correctly = _____

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

Making dialysis safer for patients

CS228827K

National Center for Emerging and Zoonotic Infectious Diseases

Division of Healthcare Quality Promotion