

Version: 3/25/2011

CDC Dialysis Collaborative

Facility Name _____ Date: _____ Start time ____ AM / PM

Dialysis Schedule: MWF TTS 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	Hand hygiene performed	New clean gloves worn	Mask worn properly (if required)	Skin antiseptic applied appropriately	Skin antiseptic allowed to dry	No contact with exit site (after antiseptics)	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: