Instructions for Completion of the Central Line Insertion Practices Adherence Monitoring Form (CDC 57.125)

Data Field	Instructions for Form Completion
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Conditionally required. Enter the patient's Medicare number for all events reported as part of a CMS Quality Reporting Program.
Patient name: Last, first, middle	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Check Female, Male or Other to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY.
Ethnicity	Optional. Specify if the patient is either Hispanic or Latino, or Not Hispanic or Not Latino.
Race (specify)	Optional. Check all the boxes that apply to identify the patient's race.
Event Type	Required. CLIP.
Location	Required. Enter the location of the patient at the time of the central line insertion.
Date of insertion	Required. Enter the date of central line insertion (MM/DD/YYYY).
Person recording insertion practice data	Required. Select inserter or observer.
Central line inserter ID	Optional. Enter the HCW ID# of the person inserting the central line.
Name, Last, First	Optional. Enter last name and first name of person inserting the central line.
Occupation of inserter	Required. Check the occupational category of the person inserting the central line: Fellow; Medical student; Other student; Other medical staff; Physician assistant; Attending physician; Intern/resident; Registered Nurse, Advanced Practice Nurse; Other. If Other, please specify.

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Was inserter a member of PICC and/or IV Team?	Required. Select Y if the inserted was a member of PICC/IV team; otherwise select N.
Reason for insertion	Required. Check the primary reason for inserting the central line: New indication (e.g., hemodynamic monitoring, fluid/medication administration, etc.); Replace malfunctioning central line; Suspected central line-associated infection. If Other, please specify.
If Suspected central line-associated infection, was the central line exchanged over a guidewire?	Conditionally required. Answer this only if reason for insertion is suspected central line-associated infection. Check Y if the central line was exchanged over a guidewire; otherwise Check N.
Inserter performed hand hygiene prior to central line insertion	Required. Check Y if the inserter appropriately performed hand hygiene prior to inserting central line; otherwise check N. Appropriate hand hygiene includes the use of alcohol-based hand rub or soap and water hand wash. If not observed directly, ask inserter.
Maximal sterile barriers used	Required. Indicate whether each of the 5 barriers was used appropriately, by checking Y or N. **NOTE:** If inserter wore either a mask or a mask with eye shield, the Y box for Mask should be checked.
Skin preparation	Required. Check all that apply: Chlorhexidine gluconate; Povidone iodine; Alcohol; Other. If Other is chosen, specify prep used.
If skin prep choice was not chlorhexidine gluconate, was there a contraindication to chlorhexidine gluconate?	Conditionally required. Answer this only if chlorhexidine gluconate (CHG) was not used as the skin prep. Check Y if the patient did have a contraindication to CHG; Check N if the patient did not have a contraindication to CHG; Check U if CHG contraindication was unknown.
If there was a contraindication to chlorhexidine, indicate the type of contraindication:	Conditionally required: Answer this only if "Yes" to "was there a contraindication to chlorhexidine gluconate?" Indicate the type of contraindication: □ Patient is less than 60 days old - chlorhexidine is to be used with caution in patients less than 60 days old □ Patient has a documented/known allergy/reaction to CHG based products that would preclude its use □ Facility restrictions or safety concerns for CHG use in premature infants precludes its use
Was skin preparation agent completely dry at time of first skin puncture?	Required. Check Y if the skin prep agent was allowed to dry completely at the time of first skin puncture; otherwise select N. If not observed directly, ask inserter.
Insertion site	Required. Check the site of insertion of the central line: Femoral; Jugular; Lower extremity; Scalp; Subclavian; Umbilical; Upper extremity.

Data Field	Instructions for Form Completion
Antimicrobial coated catheter used	Optional. Check Y if antimicrobial coated catheter was used; otherwise check N.
Central line catheter type	Required. Check the type of central line inserted: Non-tunneled (other than dialysis); Tunneled (other than dialysis); Dialysis non-tunneled; Dialysis tunneled; PICC; Umbilical. If other, please specify. 'Other' should only be marked when none of the other options apply and should not be used to specify brand names or number of lumens. Most lines can be categorized accurately by selecting from the options provided.
Did this insertion attempt result in a successful central line placement?	Required. Check Y if attempt was successful; otherwise check N.
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use. Data in these fields may be analyzed.
Comments	Optional. Enter any additional information on the central line insertion.