

Frequently Asked Questions: Central Line Insertion Practices (CLIP)

	Topic	Question	Response
1	Emergently placed CLs	Should central line insertions that occur emergently be included in CLIP data?	Yes. All central line-insertions that occur in a location that is performing CLIP surveillance, must be included in a facility's CLIP data, regardless of whether it is emergently placed. Facilities may include emergent placement in the comments field on the BSI reporting form, or may develop a custom field to capture this information, if they wish. This may allow identification of necessary quality improvement efforts for these types of insertions.
2	CLIP form for non-successful placement	Does a CLIP form need to be completed for every insertion attempt made?	Yes. Every attempted line insertion represents a potential source of infection for the patient, and each insertion attempt is anticipated to be successful at its inception. Therefore, every insertion should be performed according to guidelines, with the anticipation that the line will be successfully placed, and documented for quality improvement purposes. Non-compliance during an unsuccessful attempt is a missed prevention opportunity.
3	Documented contraindication to Chlorhexidine gluconate (CHG)	Can I record adherence to appropriate skin prep if povidone iodine was used due to a documented allergy to CHG?	Yes, but only if there is documentation of contraindication to CHG. Chlorhexidine gluconate (CHG) should be used for appropriate skin prep prior to central line insertions for all patients ≥ 60 days old unless there is a documented contraindication.

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4	CLIP Bundle	What is included in the “NHSN CLIP Bundle”?	<p>In NHSN for CLIP insertions, adherence to the bundle requires a “Yes” to all of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hand hygiene performed <input type="checkbox"/> Appropriate skin prep* <ul style="list-style-type: none"> ○ Chlorhexidine gluconate (CHG) for patients ≥60 days old unless there is a documented contraindication to CHG ○ Povidone iodine, alcohol, CHG, or other specified for children <60 days old <input type="checkbox"/> Skin prep agent has completely dried before insertion <input type="checkbox"/> All 5 maximal sterile barriers used <ul style="list-style-type: none"> ○ Sterile gloves ○ Sterile gown ○ Cap ○ Mask worn ○ Large sterile drape (a large sterile drape covers the patient’s entire body) <p>The only allowed contraindications to CHG are the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Patient is less than 2 months of age - chlorhexidine is to be used with caution in patients less than 2 months of age <input type="checkbox"/> Patient has a documented/known allergy/reaction to CHG based products that would preclude its use <input type="checkbox"/> Facility restrictions or safety concerns for CHG use in premature infants precludes its use

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5	Non-observed or missing practice	How should non-observed or missing practice information be recorded in CLIP surveillance? For example, if the observer enters the room after the procedure has begun, how should hand washing be recorded, since it was not observed?	Efforts should be made to keep such occurrences to a minimum. If the observer enters the insertion scene after the insertion has begun, the observer should ask the inserter whether each of the insertion elements was performed and record that answer.