**CLABSI:**

 **Step 2 Validation – Care and Maintenance – Cap Hygiene**

Instructions: Complete cap hygiene audits on 20% of patients (or a minimum of 2 patients per month) with existing PICC lines for the next 4 months.

Question: How many PICCs did you audit?  (Note - contact your hospital's QA Coordinator if you audited less than the minimum of 8 PICC lines).

Question: Which months did you audit?

* January
* February
* March
* April
* May
* June
* July
* August
* September
* October
* November
* December

Question: What percent of caps had visible blood in the septum?

Question: What percent of PICCs had alcohol impregnated caps in use?

#### Do you utilize any of the following?

* Neutral displacement caps
* Anti-reflux caps
* Positive displacement caps (non-preferred)
* Alcohol impregnated caps (i.e. curos caps)
* None of the above

Have you made any changes to your practice regarding caps (i.e. change in product type, addition of alcohol impregnated caps) as a result of this audit?

* Yes
* No

If you have made any changes to your practice regarding caps as a result of this audit (i.e. change in product type, addition of alcohol impregnated caps), what change(s) did you make and when?

If you have not made any changes to your practice regarding caps as a result of this audit (i.e. change in product type, addition of alcohol impregnated caps), please detail why.

#### Have you implemented any of the following related to vascular access and/or CLABSI prevention since you began this step?

* New or Changed Process
* New or Changed Policy
* New Product
* Education
* Other
* None

For each of the changes you made, please provide specifics about what you did and when.