**CLABSI:**

 **Step 2 Validation – Care and Maintenance – Flushing**

Instructions: Complete flushing 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 PICCs had flushing performed according to your local hospital policy?

#### Have you made any changes to your flushing policy/practice as a result of your review?

* Yes
* No

If you have made changes to your flushing policy/practice as a result of this review, what changes did you make and when were they implemented?

If you have not made changes to your flushing policy/practice as a result of this review, please explain 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.