

Instructions for Completion of the Central Line Insertion Practices (CLIP) 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 #	Optional. Enter the patient's Medicare number.
Patient Name	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.
Sex at Birth (Birth Sex)	Optional. Select the patient's sex assigned at birth. Male Female Unknown
Gender Identity	Optional. Specify the gender identity/identities which most closely matches how the patient self-identifies. Multiple selections are allowed, except when selecting 'Asked but unknown.' Male Female Male-to-female transgender Female-to-male transgender Identifies as non-conforming Other Asked but unknown
Date of Birth	Required. Record the date of the patient's 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	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.

Data Field	Instructions for Form Completion
Date of insertion	Required. Enter the date of central line insertion using this format: 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 the 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.
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 (for example, hemodynamic monitoring, fluid/medication administration, etc.); Replace malfunctioning central line; Suspected central line-associated infection; Other. 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.
Were all 5 maximal sterile barriers used?	Required. Check Y if all 5 maximal sterile barriers were used; otherwise, check N. NOTE: If Y is checked, the response to each of the 5 barriers will automatically be set to Y. If N is checked, the response to each of the 5 barriers will not automatically populate.
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 <u>or</u> 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, specify prep used.
If skin prep choice was not chlorhexidine gluconate, was	Conditionally required. Answer this only if chlorhexidine gluconate (CHG) was not used as the skin prep. Check Y if the patient did have a

Data Field	Instructions for Form Completion
there a contraindication to chlorhexidine gluconate?	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: <ul style="list-style-type: none"> • 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, check 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.
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; Other. If Other, please specify. ‘Other’ should only be marked when none of the other options apply and should <u>not</u> 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 (MM/DD/YYYY), 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.