Default Question Block

I hereby verify and attest that I understand the information presented in the Bloodstream Infection Prevention & CVL Bundle Education presentation and affirm that I will comply with these requirements to the best of my knowledge and ability.

> Write comment if any steps to remediate are necessary You <u>MUST</u> inform the faculty member of asepsis pass or fail.

Nurse Observer	Name:			
Nurse Observer CVL Insertion #:				
1 O	2 O	3 O	4 O	More than 4
Start Time (Milita	ry Time):			

Performs Patient Skin Prep-CHG: Application is a scrub motion and NOT concentric pattern like betadine antiseptic. Allow to dry. (Ask inserter "How long should you scrub? How long do you let dry?")



Opens sterile kit: does not contaminate inside wrap or supplies with hands

Pass	
Fail	
	Remediated
	Comments

Maximum Sterile Barriers: Surgical hair covering & mask for inserter/observers *Covers all hair with hat/beard cover and covers both nose and mouth with mask before proceeding to patient prep.

Pass	
Fail	
	Remediated
	Comments

Dispenses sterile gloves and probe cover onto sterile kit without contamination from the outside glove wrap.

P	ass	
🗌 F	ail	
		Remediated
		Comments

Performs 6 minute Surgical Scrub BD EZ Scrub 107 - Hand Hygiene

Remove all jewelry on arms and hands.

NAILS: Short/clean/natural. No artificial fingernails, including gel overlays, extenders, or embellishments. Always use nail pick.

- 1. Prewash for one minute; wet hands and forearms to the elbows with warm water.
- 2. Use nail cleaner and apply scrub solution from sponge side.
- 3. Work up lather.

- 4. Scrub nails, cuticles and interdigital spaces throughly for three minutes with brush side and hands and forearms with sponge side.
- 5. Rinse with warm water.
- 6. Repeat scrub for three more minutes, use the sponge side only. Add water as necessary to produce the desired level of suds.
- 7. Stop timer. Inform resident of time spent on surgical hand scrub.
- 8. Rinse hands and arms thoroughly fingertips to elbows, with hands always held upright. Repeat for other arm.

Pass	
Fail	
	Remediated
	Comments

Drying hands and arms: Dry hands, wrist, forearms & elbow with half the towel. Reverse ends of towel and dry other hand, wrist, forearm to elbow. *Sterile towel should NOT touch unsterile clothing.

Remediated
Comments

Maximum Sterile Barriers: Sterile gowning & closed gloving without contamination. Maximum (Full body) sterile drape for the patient without contamination.

- Assistant/nurse observer fastens velcro and Ties gown in back
- Closed gloving technique
- Hands tag to assistant and completes tying gown in front
- The nurse would stay in room to monitor patient to and sterile field. In this instance, we left to observe five minute scrub. If there was a question that pt or someone else contaminated

the field, what should you do? Answer: Reprep using second chloraprep stick, carefully without contaminating gown.

- Applies body drape
 - Follow arrows to unfold. Press hand palm side down to prevent drape from shifting.
- Place probe cover without contamination. Do not allow the portion of the probe cover that is no longer considered sterile back onto sterile field. Want thin layer of gel on probe without air bubbles. Place rubber band to prevent gel migration. Reserve about half the gel. Can use tape to secure the probe to drape. Or, can clamp probe cover (NOT CORD) to drape.

Pass	
Fail	
	Remediated
	Comments

CVL Insertion -- Faculty Graded

Placement and suturing

Make sure to turn away for lower placed IJ, "Green Zone", away from beard line/drool zone

- Place needless claves and curos caps
- Flush with NS and clamp under positive pressure
- Suture

Pass	
Fail	
	Remediated
	Comments

Second Chloraprep: Cleans area around catheter site with 2nd Chloraprep stick. Allow to completely dry per manufacturer guidelines.

Pass	
Fail	
	Remediated
	Comments

Applies the Dressing

- 1. Place transparent 3M CHG cover insertion site with antimicrobial square and if possible cover suture sites
- 2. Label with date and initials

Pass	
Fail	
	Remediated
	Comments

Post Procedure Steps, Verbalized

- Radiologic confirmation of placement
- Places order to access line
- Places order for correct power plan
- Daily review for necessity and documentation, removes when no longer medically needed, scale down.
- Document Procedure note



Did the resident pass or fail the asepsis portion of the procedure?

You MUST inform the faculty member of asepsis pass or fail.

- O Pass
- O Fail

- You have successfully completed SAFER CVL training, congratulations!
- Once EPRIV updated, can place with approved inserter supervising and certified nurse observer present.
- Five each site AND listed in EPRIV by coordinator before independent insertion, always with certified nurse observer present.
- If a line is not certified it should be removed in 24 hours or as soon as medically feasible, whichever comes first per venous access device policy

What reasons did the resident fail the asepsis portion? Please list all.

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