Central Venous Catheter: Observation

ICU-1

Instructions: Observe patients with central lines in place. Observe each practice and record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

Central catheter: Observation Categories		Patient 1	Patient 2	Patient 3	Patient 4	Summary of Observations	
						Yes	Total Observed
1	Is the dressing adhesive intact over the catheter insertion site and drainage contained? (This question is for all dressings, including chlorhexidine gluconate -CHG dressings)	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Is the dressing dated and timed according to facility policy?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the catheter secured to reduce movement or tension?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are the administration tubing sets labeled with the start date and time?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
5	If the tubing set is labeled, is it within the specified date and time range for use?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
6	Are all inactive ports capped according to facility policy?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
Total YES and TOTAL OBSERVED							

Central Catheter: Observation

ICU-1

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Urinary Catheter: Observation

ICU-2

Instructions: Observe patients with urinary catheters in place. Observe each practice and record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

Urinary catheter: Observation Categories		Patient 1	Patient 2	Patient 3	Patient 4	Summary of Observations	
						Yes	Total Observed
1	Is the catheter properly secured to the patient?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Is there unobstructed flow from the catheter into the bag?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the collection bag below the level of the bladder?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are the bag and tubing off of the floor?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
Total YES and TOTAL OBSERVED							

Urinary Catheter: Observation

ICU-2

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Ventilator: Observation

ICU-3

Instructions: Observe patients on ventilators. For each category, record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

Ventilator: Observation Categories		Patient 1	Patient 2	Patient 3	Patient 4	Summary of Observations	
						Yes	Total Observed
1	Is the head of the bed elevated >30 degrees?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Is the ventilator tubing free of excessive condensation?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Are supplies needed for oral care readily available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
Total YES and TOTAL OBSERVED							

Ventilator: Observation

ICU-3

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Standard Precautions: Observation of Hand Hygiene
Provision of Supplies

ICU-4

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

	Standard Precautions: Observation Categories	Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations	
							Yes	Total Observed
1	Are functioning sinks readily accessible in the patient care area?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Are all handwashing supplies, such as soap and paper towels, available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the sink area clean and dry?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are any clean patient care supplies on the counter within a splash-zone of the sink?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
5	Are signs promoting hand hygiene displayed in the area?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
6	Are alcohol dispensers readily accessible?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
7	Are alcohol dispensers filled and working properly?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
Total YES and TOTAL OBSERVED								

Standard Precautions: Observation of Hand Hygiene Provision of Supplies

ICU-4

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Standard Precautions: Observation of Personal Protective Equipment Provision

ICU-5

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

	Standard Precautions: Observation Categories	Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations	
							Yes	Total Observed
1	Are gloves readily available outside each patient room or any point of care?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Are cover gowns readily available near each patient room or point of care?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is eye protection (face shields or goggles) readily available near each patient room or point of care?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are face masks readily available near each patient room or point of care?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
5	Are alcohol dispensers readily accessible and functioning?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
Total YES and TOTAL OBSERVED								

Standard Precautions: Observation of Personal Protective Equipment Provision

ICU-5

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Isolation: Observation of Area Exterior to Contact Isolation Rooms

ICU-6

Instructions: Observe areas outside of isolation rooms. Observe each practice and record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance. Disregard not applicable categories. For example, cover gowns should be outside contact precautions rooms, but may not be required outside a room with airborne isolation precautions only.

	Isolation room: Observation Categories	Room 1	Room 2	Room 3	Summary of Observations	
					Yes	Total "Yes"& "No"
1	Is an isolation sign at the patient's door?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Are gloves available outside of each patient room or treatment area?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
3	Are cover gowns available near each patient room or treatment area?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Is other PPE for standard precautions (e.g., eye protection, face masks) available near each patient room or treatment area?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
5	Are surgical face masks or face shields or N95 respirators available near patient room?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
6	Is dedicated patient equipment, such as stethoscopes or blood pressure cuffs, available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
TOTAL (Do not include N/A in totals)						

Isolation: Observation of Area Exterior to Isolation Rooms

ICU-6

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms

ICU-7

Instructions: If there are any patients requiring Airborne Infection Isolation on unit, observe area outside of each isolation room. Observe each practice and record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

Isolation room: Observation Categories		Room 1	Room 2	Room 3	Summary of Observations	
					Yes	Total Observed
1	Is an Airborne Infection Isolation sign at the patient's door?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Is the door to the room closed?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Does a manometer or other measurement mechanism indicate negative pressure in the room?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are appropriate respirators, (N-95) in multiple sizes and/or charged, powered air purifying respirators (PAPR), available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
5	Are respirators stored outside the room or in an anteroom?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
Total YES and TOTAL OBSERVED						

Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms

ICU-7

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Standard Precautions: Observation of Needlestick Prevention and Care of Laundry

ICU-8

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Sum all categories (down) for overall performance.

	Standard Precautions: Observation Categories	Room/ Area 1	Room/ Area 2	Room/ Area 3	Room/ Area 4	Room/ Area 5	Summary of Observations	
							Yes	Total Observed
1	Are sharps containers available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
2	Are sharps containers properly secured and not full?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Are sharps containers positioned at 52" to 56" above floor?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
4	Are hampers for soiled laundry labeled or color-coded?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
5	Are clean linen supplies spatially separated from soiled areas or waste and covered or contained within a cabinet?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
Total YES and TOTAL OBSERVED								

Standard Precautions: Observation of Needlestick Prevention and Care of Laundry

ICU-8

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Injection Safety: Observation of Centralized Medication Area

ICU-9

Instructions: Observe medication preparation area. For each category, record the observation. Observe each practice below and answer Yes, No, or N/A. Sum all Yes and No responses. Divide by sum of "Yes"+"No". Disregard not applicable categories.

Medication preparation room: Observation Categories				
1	If multi-dose injectable medications are present, is the medication container maintained in a dedicated medication preparation space?	❑ Yes	❑ No	❑ N/A
2	Is the medication preparation area free of opened single dose vials or opened single use containers?	❑ Yes	❑ No	
3	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer's expiration period?	❑ Yes	❑ No	❑ N/A
4	Medications are prepared in a clean area free from contamination or contact with blood, body fluids, or contaminated equipment.	❑ Yes	❑ No	
5	Are splash guards installed at sinks that are located close to medication prep areas?	❑ Yes	❑ No	
6	Are sinks readily accessible to healthcare providers?	❑ Yes	❑ No	
7	Are hand washing supplies, such as soap, and paper towels, available?	❑ Yes	❑ No	
8	Are alcohol dispensers readily available, filled, and functioning properly?	❑ Yes	❑ No	
TOTAL (Total YES and No Only)				

Injection Safety: Observation of Centralized Medication Area

ICU-9

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Injection Safety: Observation of Portable Medication Systems

ICU-10

Instructions: Observe three portable medication carts. For each category, record the observation as Yes, No, or N/A. In the column on the right, sum (across) the total number of "Yes" and the total number of observations ("Yes" + "No"). Divide by sum of "Yes"+"No". Disregard not applicable categories.

	Medication cart: Observation Categories	Cart 1	Cart 2	Cart 3	Summary of Observations	
					Yes	Total "Yes" + "No"
1	If multi-dose injectable medications are present are they maintained in a dedicated medication prep space?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
2	Are alcohol dispensers readily accessible, filled, and functioning properly?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
3	Is the medication cart free of opened single dose vials or opened single use containers?	❑ Yes	❑ No			
4	If open multi-dose vials are present, are they dated and within the Beyond Use Date (BUD) and the manufacturer's expiration period?	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A	❑ Yes ❑ No ❑ N/A		
5	Are safety syringes available?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
6	Are sharps containers available, secured, and not full?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No		
	TOTAL (Total YES and No Only)					

Injection Safety: Observation of Portable Medication Systems

ICU-10

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments:

Observation of Visitor area

ICU-11

Instructions: Observe visitor area. Observe each practice below and answer Yes, No, or N/A. Sum all Yes and No responses. Divide by sum of "Yes" + "No".

Visitor area: Observation Categories				
1	Are hand hygiene supplies readily accessible by visitors in the waiting area?	❑ Yes	❑ No	❑ N/A
2	Are face masks readily available?	❑ Yes	❑ No	❑ N/A
3	Is there visible signage that clearly states that if visitors are ill, they should report to the healthcare team?	❑ Yes	❑ No	❑ N/A
4	Is there visible signage that clearly states what, if any, visitor (children or otherwise) restrictions are in place?	❑ Yes	❑ No	❑ N/A
TOTAL (Total YES and No Only)				

Observation of Visitor area

ICU-11

Date:_____

Observer Role: ☐ Nurse ☐ Tech ☐ Other_____ Initials:_____

Location/Unit:_____

Notes and comments: