## **Learn from Defects Tool Worksheet CLABSI**

Date:	Name:			
	MRN:			
	Fin:			
Attendees:	DOB:	M F		
What happened? (brief description) Patient w	ith documented CLABSI			
Infection Control:				
Nursing:				
Significant of morphidities.				
Significant co-morbidities:				
Location of CLABSI: Unit	Date of CLABSI			
Where was the catheter inserted: OR	ED ICU	Unit		
Type of Line	No. of Lumens			
Non-tunneled (other than dialysis)	Single	Double Triple		
	Siligle	Double Triple		
Tunneled (other than dialysis)				
Dialysis (tunneled)				
Dialysis ( non-tunneled)				
PICC				
Port				
Insertion Site				
Chest IJ SC Femoral	Upper Extremity			
chest is se remotal	Opper Extremity			
What is the indication for the line?				
Hanna di manata na anthonia a	Da	Laura Arama Andibiation		
Hemodynamic monitoring	Poor venous access	Long-term Antibiotics		
Vessicants or irritant drugs	Chemo	Hemodialysis		
Naultiple in compatible fluids	Othor			
Multiple incompatible fluids	Other			
Why was the line accessed?				
Lab draws Medication Ad	ministration IV Flui	d Administration		
TPN Hemodialysis				

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Why did it happen? (what factors contributed) - summarize what happened to cause the defect from below											
Was patient receiving TPN?     Y     N     Unknown											
2)	·						a involved i	n line care f	or this		
۷)	Were there any observed breaches of proper hand hygiene by anyone involved in line care for this patient?  Y  N  Unknown										
2)	patient? Y	N			N.I.	Unline					
3)	Was line necessity	•	•	Υ	N	Unknov					
4)	Was the dressing				Υ	N		ıknown			
5)	Was this line manipulated/used by any other staff besides the unit's physicians/nurses (e.g., anesthesia,										
	radiology, etc)?	Υ	N		nown						
6)	Was the tubing ch	nanged appro	priately 1	for the du	ration of th	ne line?	Υ	N	Unknown		
7)	Was the catheter	occluded at a	any time	while the	line was in	place?	Υ	N	Unknown		
	If yes, was TPA used? Y N Unknown										
8)	Where there any problems drawing off the line prior to the infection date? Y N Unknown										
9)	Anything else, patient factors or otherwise, that may have contributed to the infection? Y N										
	If yes, describe briefly										
10)	Do you feel this in	fection was p	potential	ly prevent	able?						
	+										
	What prevented	it from being	g worse?		What happened to cause the defect?						
	Duration of central line catheter # days: (Time of inse							Time of insert			
	to discontinue )										
	Is the patient being treated for any other infections?							infections?			
					<u>I</u>						
What c	an we do to reduc	e the risk of	it happer	ning with	a different	person?					
Action I					Responsible Targeted Evaluation Plan – How						
					Person		Date	will we kn reduced?	ow risk is		
								reduced:			
With whom shall we share our learning? (Communication plan)											
		T		·							
Who		When			How	F	follow up				
Who		When			How	F	Follow up				

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