Directions: *This form is used to capture factors which may have influenced the development of the CLABSI. The CLABSI debrief should occur as soon as possible after the incident and include multiple team members. Please attach form to VOICE once completed.*

CLABSI Debrief

Patient Name:	MRN:	DOB:
Admitting Diagnosis:	Admission Date:	Discharge Date:
Catheter Insertion Date:	Dept./Location of Insertion:	Inserting Provider/VAST Nurse:
Catheter Ordering Provider:	Type of Line:	Insertion Site:
Emergency Insertion? YES NO Type of Emergency:	Line removed in 48 hours: YES NO	Catheter Removal Date:
Date of Event:	Location of CLABSI (unit of attribution):	
Blood culture ordered by:	Reason for Culture:	
Date of Culture:	Culture Results/Organism Type:	
Signs/Symptoms (for common commensals only; see NHSN list):		
Was the blood stream infection treated? YES NO	Name of antibiotic:	

CLABSI Kit used? YES NO	Maximum Sterile Barriers used? YES NO
Breaches in aseptic technique observed? YES NO	If yes, describe breaches:
CLABSI Checklist used? YES NO	If no, why:
Daily Checks for Central Line Removal occurred and documented? YES NO	
Why was the line left in?	

Daily CHG baths completed? YES NO	Line dressing checked daily? YES NO Condition:
Dressing changed every 7 days or as warranted? YES NO	Occlusive dressing used? YES NO
Scrub the Hub completed prior to every access or change in tubing? YES NO	CHG disc used? YES NO Comments:

1. WHY did the CLABSI occur?
2. WHY did that happen?
3. WHY did that happen?
4. WHY did that happen?
5. WHY did that happen?

What went well?	What can we change/improve?

Countermeasures taken that directly address the root cause(s) of the CLABSI:	
What MHC Safety Behaviors and Tools can be re-enforced to reduce the risk of infection?	
Action assignments/follow up:	
Unit and Date of Debrief:	
IP Review by/date:	Final Submission by/date: