

**Catheter Maintenance Audit Scores
Version 10-27-08**

1. Please conduct 10 audits per tool (infusion tubing set-up and catheter entry) covering all shifts, as possible. If an observation item is not applicable to your facility, simply disregard. Additional criteria can be added to personalize the audits to your facility. You are welcome to use your own tools as long as the measurement items are similar or use the tools previously sent by the Collaborative.

2. Assign a percentage of compliance with the audit criteria listed in each tool and enter below.

Submit completed form to the CCS website before November 15.

Hospital: _____

Person Responsible: _____

Infusion Tubing Set-up: Number of observations: _____ Audit Score: _____%

Catheter Entry: Number of observations: _____ Audit Score: _____%

Were you able to identify differences in technique related to the shift where the observations occurred: Yes _____ No _____

If yes, please explain: _____

Comments: