# Community CLABSI Questionnaire for Acute Care Nurses

This form should be completed by inpatient nurses with help from patients and families when a patient presents with a central line from the home.

1. Does the patient have a central line that requires care at home? \_\_\_\_Yes \_\_\_\_\_No
2. What central line care is done at home? Check all that apply.

\_\_\_\_\_Cap change

\_\_\_\_\_Dressing change

\_\_\_\_\_Type of therapy

1. Who cares for the central line at home? Check all that apply.

\_\_\_\_Patient

\_\_\_\_Sibling

\_\_\_\_Parent

\_\_\_\_Grandparent

\_\_\_\_Spouse/significant other

\_\_\_\_Child

\_\_\_\_Other family

\_\_\_\_Friend

\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What problems have you had with the line? Check all that apply.

\_\_\_\_Catheter flushing

\_\_\_\_Cap problems

\_\_\_\_Dressing problems

\_\_\_\_Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you receiving everything you need for care in the home? \_\_\_\_\_Yes \_\_\_\_\_No

If the answer was “no,” ask “What else do you need?”

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1. Would you like a nurse to review line care with you before discharge? \_\_\_\_\_Yes \_\_\_\_\_No