

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

3. Who cares for the central line at home? Check all that apply.
____ Patient
____ Sibling
____ Parent
____ Grandparent
____ Spouse/significant other
____ Child
____ Other family
____ Friend
____ Other: _____

4. What problems have you had with the line? Check all that apply.
____ Catheter flushing
____ Cap problems
____ Dressing problems
____ Other: _____

5. Are you receiving everything you need for care in the home? ____ Yes ____ No
If the answer was “no,” ask “What else do you need?”

6. Would you like a nurse to review line care with you before discharge? ____ Yes ____ No