

INVASIVE DEVICES MONITORING CHART

PAGE 2 – All Invasive Devices

Document ALL devices that are inserted into the patient and remain insitu.

Record information in relation to date of insertion and removal of device/s


If device is not listed in abbreviation key, write in full.

1- Document on insertion of a device or admission of a patient with a device with no form

2- Document when line/dressing change actually occurs.

3- Once line/dressing change occurs, re-document the same device with the next due date.

TASMANIAN
HEALTH
SERVICE

Tasmanian
Government

INVASIVE DEVICES MONITORING
CHART

STATEWIDE

FACILITY: _____

PT
ID

SURNAME _____ D.O.B. _____

OTHER NAMES _____

ADDRESS _____

Record the following information in patient's medical progress notes;

- Any deviations from local protocol and/or
- Issues leading to variation in removal of a device and/or
- Variation in frequency of dressing or line change

Indwelling Device Insertion and Management Log – Document All Invasive Devices Inserted							
Device	Insertion Site	Date and Time	Inserted by	Date Change Due	Date of Actual Change	Removed by	Signature
			<input type="checkbox"/> MO <input type="checkbox"/> Nurse <input type="checkbox"/> Other Specify other: _____				
			<input type="checkbox"/> MO <input type="checkbox"/> Nurse <input type="checkbox"/> Other Specify other: _____				
			<input type="checkbox"/> MO <input type="checkbox"/> Nurse <input type="checkbox"/> Other Specify other: _____				
			<input type="checkbox"/> MO <input type="checkbox"/> Nurse <input type="checkbox"/> Other Specify other: _____				
			<input type="checkbox"/> MO <input type="checkbox"/> Nurse <input type="checkbox"/> Other Specify other: _____				
			<input type="checkbox"/> MO <input type="checkbox"/> Nurse <input type="checkbox"/> Other Specify other: _____				

Line and Dressing Change Record							
Device	Insertion Site	Date	Dressing or Line Change <input checked="" type="checkbox"/> appropriate box	Date Change Due	Date of Actual Change	Print Name	Signature
			<input type="checkbox"/> Dressing <input type="checkbox"/> Line Change				
			<input type="checkbox"/> Dressing <input type="checkbox"/> Line Change				
			<input type="checkbox"/> Dressing <input checked="" type="checkbox"/> Line Change				
			<input type="checkbox"/> Dressing <input type="checkbox"/> Line Change				
			<input checked="" type="checkbox"/> Dressing <input type="checkbox"/> Line Change				
			<input type="checkbox"/> Dressing <input type="checkbox"/> Line Change				
			<input type="checkbox"/> Dressing <input type="checkbox"/> Line Change				
			<input type="checkbox"/> Dressing <input type="checkbox"/> Line Change				
			<input type="checkbox"/> Dressing <input type="checkbox"/> Line Change				

ABBREVIATION KEY			
ART Line	Arterial catheter	PICC	Peripherally inserted central catheter includes power PICC
CVAD	Central venous access device (includes CVC, JVC, NT-CVC, PICC, TCVC & Vas Cath)	PIV	Peripherally inserted venous catheter
CVC	Central venous catheter	PORT	Implanted port (includes power port)
EVD	Extraventricular drain	SC	Subcutaneous cannula
FCD	Faecal Containment Device	SRLS	Safety Reporting and Learning System
ICC	Inter-costal catheter	SPC	Supra pubic catheter
IDC	Indwelling urinary catheter	T-CVC	Tunnelled central venous catheter (includes Hickman's Catheter)
JVC	Central venous catheter inserted in the jugular vein	TDS	3 times a day
NT-CVC	Non-tunnelled central venous catheter	Vas Cath	Short term non-tunnelled CVC
N/G	Nasogastric	Wound Drain	If multiple specify
PEG	Percutaneous endoscopic gastroscopy		

Document each time a line and/or dressing change occurs.

Use this key for most devices. If device is not listed here write in full under 'device' heading.

This form is being introduced to facilitate the tracking of invasive devices. This page is to support tracking of all short and longer-term invasive devices

If you have any questions relating to this form please contact your local Infection Control Unit/Service