Catheter Audit

Please fill in this sheet for EVERY patient which has a catheter and for EVERY catheter each patient has placed	
Personal Information which will not be shared outside <<ADD YOUR CLINIC NAME>>	
Patient Name	
Date of catheter removal	
Time of catheter removal	
Person responsible (this should be the nurse who removed the catheter)	
Audit information for sharing with BCVSp Audit Working Group	
Why was the IV catheter removed?	Tick all the reasons that apply to this patient
Planned removal, no issues documented	
Blown	
Not flushing	
Painful	
Removed by patient	
Thrombophlebitis (tick if suspected clinically, confirmation with US not necessary)	
Insertion site looks abnormal (this includes catheter beginning to come out)	
Equipment issues (e.g. "catheter is positional", pumps continually complaining etc"	
Site soiled	
Accidental removal by staff	
Pyrexia	