

Safety Huddle Tips

Central Lines	
Indication Shared to Question	Follow-Up Questions
<i>Access</i>	<ul style="list-style-type: none"> • Access for what?
<i>Meds</i>	<ul style="list-style-type: none"> • What types? • Can they go through a midline or PIV?
<i>Blood draws</i>	<ul style="list-style-type: none"> • How frequent and can patient be stuck?
<i>IV antibiotics</i>	<ul style="list-style-type: none"> • What antibiotics? • Can we transition to PO? • Can a midline be used? • Will the patient go home with a PICC?
<i>Difficult access/stick</i>	<ul style="list-style-type: none"> • Did vascular access team (or other expert) try placement of a PIV or long dwell PIV if appropriate (based on type and duration of therapy)?
<i>Critically ill/High acuity</i>	<ul style="list-style-type: none"> • What is the indication?
<i>Came in with it</i>	<ul style="list-style-type: none"> • What is the indication? • What is the long term plan for patient?
Indwelling Urinary Catheters	
<i>Immobility</i>	Could an external be used?
<i>Critical I/O</i>	<p>ICU setting: Are they being documented hourly and truly required for patient management (or are Q4 or other cadence appropriate to manage care)?</p> <p>Non-ICU setting: How often are I/O being tracked? What other method can be utilized to collect output?</p>
<i>Ventilated</i>	Not an indication alone for a Foley. What is indication?
<i>Creatinine</i>	Not an indication alone for a Foley. What is indication?
<i>Patient request</i>	Not an indication. Consider external. If patient is on hospice urine (or blood) should not be cultured.
<i>Self-cath at home</i>	Not an indication. If a patient self-caths at home, they can be straight cath'd in the hospital. May need nursing to cath (situation dependent). DO NOT automatically allow a FOLEY in a patient that self-caths at baseline.
<i>Chronic (Quad or Para)</i>	What is home routine?
<i>Retention</i>	What is plan for managing retention? Following acute retention management?