JOHNS HOPKINS
MEDICINE

Central Line Maintenance Audit Tool

Unit _____

Date of observation	Name	MRN	Room	Line type	Dressing change date	Type of dressing	Dressing Change due date	Dressing Occlusive Yes/No	IV fluids/ meds dated Yes/No	Tubing dated Yes/No	TPN/Blood/ Propofol tubing dated Yes/No	If TPN, line dedicated? Yes/No	Comments- Reason for line
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