
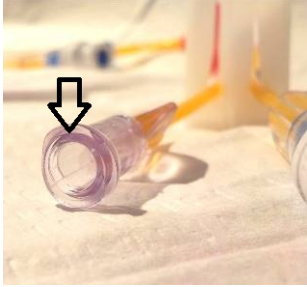




Survey of infection control practices for peripherally inserted central catheters (PICC) in neonatal units

<p>We are asking you to complete a short survey about the procedures in your unit for preventing catheter infections. We will use the information from the survey together with national data on variation in bloodstream infections in NICUs to estimate the potential benefits of interventions to reduce infections related to central venous catheters. The survey is being carried out by investigators for the PREVAIL randomised trial of antibiotic versus standard PICCs to estimate the benefit to babies across all NICUs in the NHS (www.prevailtrial.org.uk) which is funded by the NIHR.</p> <p>Please complete all questions and mark answers clearly with a dark pen. If you do not know the answers, please give the email or name and telephone number for someone who can provide the answers. The form is designed to be printed out so that you can discuss the questions with the clinical team. If you prefer, you may enter your responses directly into the Word document.</p> <p>No units will be identified but if given permission, we will acknowledge respondents' contribution.</p>	<p>Name of respondent</p> <p>Name of hospital</p> <p>Job role</p> <p>Date survey completed</p> <p>Please send any queries to caroline.fraser@ucl.ac.uk</p>
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	Doctors	ANNPs	Other professional
1. Please estimate the proportion (%) of PICCs that are inserted by the staff groups above the boxes on the right. If no PICCs inserted in your unit tick here <input type="checkbox"/>			
	Yes	No	N/A – PICCs not inserted in our unit
2. Do you use a care bundle (i.e. package of interventions designed to maximise asepsis and minimise infection complications) for insertion of PICCs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, approximately what month and year was this first introduced?			
3. Do you use a care bundle (i.e. package of interventions designed to maximise asepsis and minimise infection complications) for on-going care of PICCs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, approximately what month and year was this first introduced?			
4. Is compliance with insertion and on-going care bundles monitored and fed back to NICU staff to improve practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you routinely use a chlorhexidine-impregnated foam dressing (Biopatch) at the site of insertion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is usually the minimum gestation at which this is used? Please give your answer as weeks of gestation.			
6. Do your unit guidelines mandate routine removal / replacement of a PICC after a specific period of time?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, what is the usual time period in days?			
7. Do your unit guidelines recommend PICC removal when a specific volume of feeds has been reached?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, what volume (mls/kg/day)?			

	8. What skin preparation do you use prior to insertion?	9.	10. In your unit, prior to connection of parenteral nutrition, what is the area of the extension sets seen below in photographs A and B cleaned with, if anything? (Please number all that apply in order: 1=used most often)
	Please base your answer on your routine practice for a 29 week gestation baby weighing 900g. If you have a 2-stage procedure, please select all that apply: 1 = used first.	 <p style="text-align: center;">A</p>	 <p style="text-align: center;">B</p>
Nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0.05% aqueous chlorhexidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0.5% aqueous chlorhexidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1% aqueous chlorhexidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2% aqueous chlorhexidine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0.5% chlorhexidine in alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1% chlorhexidine in alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2% chlorhexidine in alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70% isopropyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iodine preparation (aqueous or alcoholic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We would only clean if became contaminated		<input type="checkbox"/>	<input type="checkbox"/>
This type of connection is not used		<input type="checkbox"/>	<input type="checkbox"/>
Specify if 'other' preparation used.			

The PREVAIL team would like to acknowledge contributorship in any publications or outputs from this work. Please tick this box if you are happy for us to mention your name as a contributor.

Please return the completed survey as a scan or photograph of both pages or a Word document and e-mail to caroline.fraser@ucl.ac.uk with subject title "PREVAIL Generalisability Survey – HOSPITAL NAME"

Alternatively, send by post to Caroline Fraser, Population Policy and Practice Programme, PREVAIL Trial, UCL Institute of Child Health, 30 Guilford Street, London, WC1N 1EH