



Patient Name:..... Client ID in HESN.....

**Section 4: Central Line Bundle Daily Review**

Date	Unit	Device necessity	Signs and Symptoms	Sample taken + Type of Sample	Date and time of sample taken	Removed	Reason of removal	infection within 2 calender days	End Surveillance	Reason for ending surveillance

Note: fill ( Device necessity, Signs & symptoms, Sample taken, Removed, Infection in day 2, End surveillance) columns with either YES or NO

Reasons for removal: (Infection, Recovery, Death, Discharged, Other)

Reasons for ending surveillance : ( Moved to Non-Surveillance Unit + 2 CD, 2CD post removal of all divities, Discharged from Hospital, Transferred to another hospital, Death, Other)