

Name: \_\_\_\_\_

Date: \_\_\_\_\_

# CAUTI AND CLABSI CROSSWORD

## ACROSS

5. THIS SHOULD ALWAYS BE IN PLACE WITH THE BLUE SIDE UP AND THE SPLIT SIDE DOWN WITH 360 COVERAGE OVER THE INSERTION SITE OF THE CENTRAL LINE

8. WHEN COMPLETING BEDSIDE SHIFT REPORT AND SAFETY ROUNDS IT IS IMPERITIVE THAT WE ENSURE THERE IS NO \_\_\_\_\_ FROM THE INSERTION SITE TO THE FOLEY BAG

9. THE URINARY CATHETER SHOULD BE REPLACED AFTER THIS MANY DAYS IF A URINE SPECIMEN COLLECTION IS NECESSARY UNLESS MEDICALLY CONTRAINDICATED?

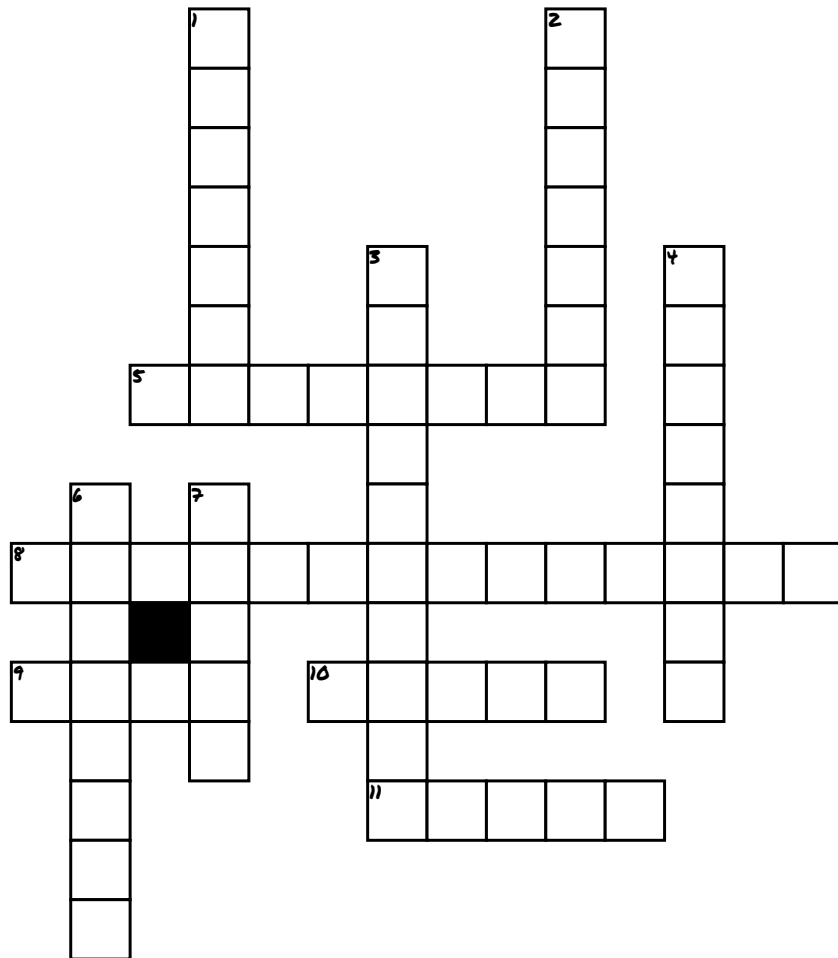
10. HOW OFTEN SHOULD THE NECESSITY AND INDICATION FOR INDWELLING CATHETERS BE REVIEWED BY MEMBERS OF THE HEALTHCARE TEAM?

11. IF AN ORANGE SWAB CAP IS IN PLACE WE MUST STILL \_\_\_\_\_ THE HUB PRIOR TO ESTABLISHING THE LEUR CONNECTION

## DOWN

1. WHAT IS THE ACRONYM USED TO LIST THE INDICATIONS FOR INDWELLING URINARY CATHETERS?

2. PATIENTS WITH CENTRAL LINES SHOULD HAVE WHAT EVERY DAY?



3. THIS SHOULD ALWAYS BE INTACT ON THE HUBS OF THE NEEDLELESS CONNECTOR

4. WHAT SHOULD ALWAYS BE IN PLACE TO SECURE THE PATIENTS CATHETER TUBE APPROPRIATELY?

6. THIS SHOULD BE COMPLETED QSHIFT AND PRN USING CHG CLOTHS

7. ROUTINE DRESSING CHANGES FOR CENTRAL LINES SHOULD TAKE PLACE EVERY \_\_\_\_\_ DAYS

