

Central Line removal audit:

Indication for line removal: No longer required/ Infection/ Thrombosis /Other

Date of removal:

Date of insertion:

Type of line:

Site of line:

Patient age:

Underlying disease:

Treatment Protocol and Regimen:

Previous line: Y/N

Type:

Date inserted/ removed:

Indication for removal:

If infected add microbiology:

Infective organism:

Date first grown:

Duration of antibiotic treatment prior to line removal:

Other clinical features: Mucositis/ Colitis/ Sepsis

Was further line reinserted: Y/ N      Date