## **Appendix**

Table (1): Insertion bundle for central line care

Insertion bundle for central line care	Patients									
	1	2	3	4	5	6	7	8	9	10
Hand hygiene performed prior to insertion.										
All Maximal sterile barriers used:  1- Mask 2- Sterile gown 3- Sterile gloves 4- Cap 5- Large sterile drape										
Skin antisepsis used.										
Insertion site										

Table (2): Maintenance bundle for central line care

Maintenance bundle for central line care	Patients									
	1	2	3	4	5	6	7	8	9	10
Hand hygiene preformed.										
<ul> <li>Proper dressing change:</li> <li>Immediately replace dressings that are wet, soiled, or dislodged.</li> <li>Perform routine dressing changes using aseptic technique with clean or sterile gloves.</li> <li>Change gauze dressings at least every two days or semipermeable dressings at least every seven days.</li> </ul>										
Daily assessment of the need of CL.										

**Table (3):** Insertion bundle for urinary catheter care

Insertion Bundle for urinary catheter care	Patients										
	1	2	3	4	5	6	7	8	9	10	
- Avoid unnecessary catheterization.											
- Use aseptic technique for catheter insertion (e.g., hand hygiene, sterile items/equipment).											
- Sterile closed system.											

Table (4): Maintenance bundle for urinary catheter care

Maintenance Bundle for urinary catheter care	patients									
	1	2	3	4	5	6	7	8	9	10
<ul> <li>Drainage bag is below level of the bladder and does not touch the floor.</li> </ul>										
<ul> <li>Catheter and tubing are free of kinks and well secured.</li> </ul>										
- The drainage bag was emptied regulary.										
<ul> <li>The catheter is reviewed daily and removed as soon as clinically possible.</li> </ul>										

 Table (5): Ventilator care bundle

VAP prevention bundle	Patients										
	1	2	3	4	5	6	7	8	9	10	
- Elevation of the head of the bed to between 30 and 45 degrees/ 15-30 for infants.											
<ul> <li>Sedation reviewed and, if appropriate, stopped each day</li> </ul>											
- Peptic ulcer disease prophylaxis											
- Deep venous thrombosis prophylaxis											
- Daily oral care.											
<ul> <li>Ventilator tubing and suction systems should only be changed if specifically indicated, such as by visible soiling.</li> </ul>											

<b>Table (6):</b> WHO h	and hygien	ne compliance too	ol	
Date: (dd/mm/vv)	/ /			

Department:

Session duration:
(mm)

Onn	Indication	нн	Onn	Indication	нн	Onn	Indication	нн	Opp.	Indication	шш
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1	bef-pat.		1	bef-pat.		1	□ 1 C			bef-pat.	HR
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	asept.	HW		asept.	HW		bef-asept.			asept.	HW
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	aft-pat.	0		aft-pat.	0		aft-pat.	0		aft-pat.	missed
		gloves			gloves		aft.p.surr.	gloves			0
	aft.p.surr.			aft.p.surr.						aft.p.surr.	gloves
	bef-pat.			bef-pat.						bef-pat.	HR
2	bef-	HR	2	bef-	HR	2	bef-pat.	HR	2	bef-	
	asept.	HW		asept.	HW		bef-asept.	HW		asept.	HW
	aft-b.f.	O missed		aft-b.f.	O missed		aft-b.f.	O missed		aft-b.f.	0
	aft-pat.	0		aft-pat.	0		aft-pat.	0		aft-pat.	missed
		gloves			gloves		aft.p.surr.	gloves			0
	aft.p.surr.			aft.p.surr.						aft.p.surr.	gloves
	bef-pat.			bef-pat.						bef-pat.	☐ HR
3	☐ bef-	☐ HR	3	☐ bef-	☐ HR	3	bef-pat.	☐ HR	3	bef-	
	asept.	☐ HW		asept.	HW		bef-asept.	☐ HW		asept.	HW
	aft-b.f.	O missed		aft-b.f.	O missed		aft-b.f.	O missed		aft-b.f.	0
	aft-pat.	0		aft-pat.	0		aft-pat.	0		aft-pat.	missed
		gloves			gloves		aft.p.surr.	gloves			0
	aft.p.surr.			aft.p.surr.			_			aft.p.surr.	gloves
	bef-pat.			bef-pat.						bef-pat.	□HR
4	bef-	□HR	4	bef-	□HR	4	bef-pat.	□HR	4	bef-	
	asept.	HW		asept.	HW		bef-asept.	HW		asept.	HW
	aft-b.f.	O missed		aft-b.f.	O missed		aft-b.f.	O missed		aft-b.f.	0
	aft-pat.	0		aft-pat.	0		aft-pat.	0		aft-pat.	missed
		gloves			gloves		aft.p.surr.	gloves			0
	aft.p.surr.			aft.p.surr.						aft.p.surr.	gloves
	bef-pat.			bef-pat.						bef-pat.	HR
5	bef-	□HR	5	bef-	□HR	5	bef-pat.	∏HR	5	bef-	
	asept.	□HW		asept.	□HW		bef-asept.	_		asept.	HW
	aft-b.f.	O missed		aft-b.f.	O missed		aft-b.f.	O missed		aft-b.f.	0
	aft-pat.	O		aft-pat.	O		aft-pat.	O		aft-pat.	missed
		gloves			gloves		aft.p.surr.				
										1 1	