

**Penn Home Infusion Therapy**  
**Infection Prevention: Teaching Review & Technique Observation**

**Patient/Caregiver Name:** \_\_\_\_\_ **Team:** \_\_\_\_\_  
**Assessment by** \_\_\_\_\_ **Date** \_\_\_\_\_

Indicator	Yes/No/ N/A	Notes
<b>Proper Storage of Medication &amp; Supplies</b>		Indicate observation (O) or interview (I) or both (B)
<b>Utilization of a Clean Work Area</b>		Indicate observation (O) or interview (I) or both (B)
<b>Hand Hygiene</b> • Per CDC hand washing guidelines - Discuss the use of soap and water versus waterless alcohol-based cleaner - Discuss scenarios as applicable		Indicate observation (O) or interview (I) or both (B)
<b>Aseptic Technique</b> • Cap Change • Flush • Dressing Change *Port Access (if applicable) *Port De-Access (if applicable)		Indicate observation (O) or interview (I) or both (B)
<b>Presence of a Thermometer in the Home.</b>		Indicate observation (O)
<b>Utilization of a Temperature Readings Tracking Method</b>		Indicate observation (O) or interview (I) or both (B)
<b>Signs &amp; Symptoms to report immediately to PHIT at 1-800-666-6002:</b> • Fever of 100.4F or Higher • Sweating • Chills (during flushing of the IV line) • Whole-Body Chills & Aches & Pains • Wet Biopatch/Wet IV Site Dressing • Dirty Biopatch/Dirty IV Site Dressing • Reddened IV Site • Swollen IV Site • Painful IV Site • Oozing/Bruising at IV Site		Indicate observation (O) or interview (I) or both (B)
<b>Comments:</b>		