

Catheter-related bloodstream infections

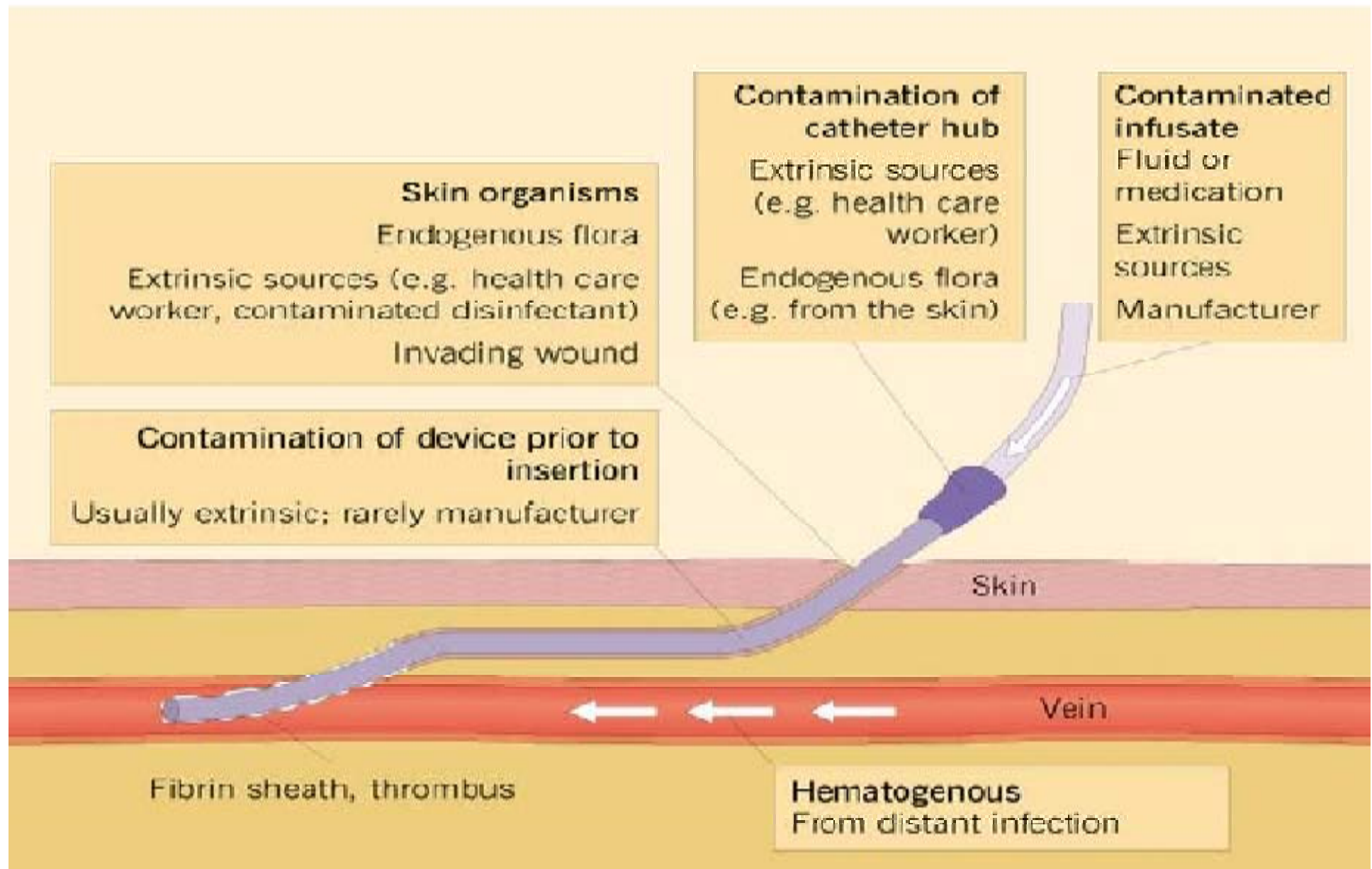
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Catheter-related bloodstream infections

- Incidence in PICU: 7.3-13.8 central line-associated bloodstream infections/1000 cath days
 - Risk factors
 - ❑ premature < 1000 g
 - ❑ low immunity
 - ❑ multiple CVC
 - ❑ long term CVC insertion
 - ❑ reduced ICU Nurse:Patient Ratio
 - ❑ using Non-ICU-Trained Nurses in ICUs
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POTENTIAL ROUTES OF INFECTION



From: Mermel L, Rhode Island Hospital

Strategies for Prevention of Catheter-Related Infections

- **Quality Assurance and Continuing Education**
 - **Surveillance**
 - Monitor the catheter sites visually or by palpation through the intact dressing on a regular basis,
 - Manifestations suggesting local or BSI, the dressing should be removed to allow thorough examination of the site
 - **Hand Hygiene and Aseptic Technique**
 - Maximal sterile barrier precautions (e.g., cap, mask, sterile gown, sterile gloves, and large sterile drape) during the insertion of CVCs
 - Hand hygiene before and after inserting, replacing, accessing, or dressing an intravascular catheter.
 - Washing hands with conventional antiseptic-containing soap and water or with waterless alcohol-based gels or foams.
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Catheter Insertion

Efficacy of Barrier Precautions During CVC Insertion

	Barrier precautions	
	Minimal	Maximal
Cath colonization	7.2%	2.3%*
Cath sepsis	3.6%	0.6%*

*p<0.05