

Essential Information: **URGENT**



Reducing Central Line Blood Stream Infections (CLABSI) And Peripheral Blood Stream infections

Practice Changes and Focus—Effective October 22, 2018

Rationale

- Our number of patients with Central Line Blood Stream Infections (CLABSI) has **significantly and steadily increased.**
- January 1, 2018 to September 30, 2018: Twenty (20) CLABSI total.
- **There have been eight (8) CLABSIs in the month of September alone.** These have been attributed to expired peripheral IV lines.
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Facts

- **Mortality:** Of those people diagnosed with CLABSI 1 in 4 will die.
- CLABSIs are preventable
- CLABSI and Peripheral IV bloodstream infections will happen without meticulous care (*examples: stellar handwashing, consistent patient hygiene/bathing*), monitoring, and maintenance

Changes and Focus on Practice

- CLABSI prevention begins with meticulous hand hygiene by the nurse
- **Peripheral IVs (PIV) will be changed every 72 hours OR earlier** if phlebitis, infiltration or redness at the site is observed.
- Dressings must be labeled with insertion date/time and nurse's initials. .
- Dressings must be changed when wet, soiled, or loose between IV site changes.
- Non-essential PIVs should be discontinued (multiple PIVs in place or central line has been inserted)
- Monitor IV site upon initial assessment, transition of care, before administering medications, and at least every 4 hours.
- Each time an IV line is accessed (syringes, secondary tubing), scrub the hub for 15 seconds and allow to dry: the drying process continues to kill bacteria.
- Observation of aseptic technique with IV initiation is essential.
- If contamination occurs during start of IV procedure: dispose of contaminated items and reinitiate procedure.

Contact Shawn Elkin, Infection Prevention Manager for questions/concerns.