



Notice to Readers

INTRAVASCULAR CATHETER-RELATED INFECTION (BSI) PREVENTION GUIDELINES
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Guidelines for the Prevention of Intravascular Catheter-Related Infections (2011)

AT A GLANCE

Notice to Readers from the Guidelines for the Prevention of Intravascular Catheter-Related Infections (2011).

Notice

These guidelines have been developed for healthcare personnel who insert intravascular catheters and for persons responsible for surveillance and control of infections in hospital, outpatient, and home healthcare settings. This report was prepared by a working group comprising members from professional organizations representing the disciplines of critical care medicine, infectious diseases, healthcare infection control, surgery, anesthesiology, interventional radiology, pulmonary medicine, pediatric medicine, and nursing. The working group was led by the Society of Critical Care Medicine (SCCM), in collaboration with the Infectious Diseases Society of America (IDSA), Society for Healthcare Epidemiology of America (SHEA), Surgical Infection Society (SIS), American College of Chest Physicians (ACCP), American Thoracic Society (ATS), American Society of Critical Care Anesthesiologists (ASCCA), Association for Professionals in Infection Control and Epidemiology (APIC), Infusion Nurses Society (INS), Oncology Nursing Society (ONS), American Society for Parenteral and Enteral Nutrition (ASPEN), Society of Interventional Radiology (SIR), American Academy of Pediatrics (AAP), Pediatric Infectious Diseases Society (PIDS), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) of the Centers for Disease Control and Prevention (CDC) and is intended to replace the Guideline for Prevention of Intravascular Catheter-Related Infections published in 2002.

The system for categorizing Recommendations in this guideline is as follows:

- Category IA.** Strongly recommended for implementation and strongly supported by well-designed experimental, clinical, or epidemiologic studies.
- Category IB.** Strongly recommended for implementation and supported by some experimental, clinical, or epidemiologic studies and a strong theoretical rationale; or an accepted practice (e.g., aseptic technique) supported by limited evidence.
- Category IC.** Required by state or federal regulations, rules, or standards.
- Category II.** Suggested for implementation and supported by suggestive clinical or epidemiologic studies or a theoretical rationale.
- Unresolved issue.** Represents an unresolved issue for which evidence is insufficient or no consensus regarding efficacy exists.

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