



Background Information: Terminology and Estimates of Risk

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

AT A GLANCE

Background Information: Terminology and Estimates of Risk from the Guidelines for the Prevention of Intravascular Catheter-Related Infections (2011).

Terminology & Estimates of Risk



Format Change [February 2017]

The format of this section was changed to improve readability and accessibility. The content is unchanged.

The terminology used to identify different types of catheters is confusing, because many clinicians and researchers use different aspects of the catheter for informal reference. A catheter can be designated by

- the type of vessel it occupies (e.g., peripheral venous, central venous, or arterial);
- its intended life span (e.g., temporary or short-term versus permanent or long-term);
- its site of insertion (e.g., subclavian, femoral, internal jugular, peripheral, and peripherally inserted central catheter [PICC]);
- its pathway from skin to vessel (e.g., tunneled versus nontunneled);;
- its physical length (e.g., long versus short); or
- some special characteristic of the catheter (e.g., presence or absence of a cuff, impregnation with heparin, antibiotics or antiseptics, and the number of lumens).

To accurately define a specific type of catheter, all of these aspects should be described (Table 1).

Likewise the terms used to describe intravascular catheter-related infections can also be confusing because catheter-related bloodstream infection (CRBSI) and central line–associated bloodstream infection (CLABSI) are often used interchangeably even though the meanings differ.

CRBSI is a clinical definition, used when diagnosing and treating patients, that requires specific laboratory testing that more thoroughly identifies the catheter as the source of the BSI. It is not typically used for surveillance purposes. It is often problematic to precisely establish if a BSI is a CRBSI due to the clinical needs of the patient (the catheter is not always pulled), limited availability of microbiologic methods (many labs do not use quantitative blood cultures or differential time to positivity), and procedural compliance by direct care personnel (labeling must be accurate). Simpler definitions are often used for surveillance purposes. For example, CLABSI is a term used by CDC's National Healthcare Safety Network (NHSN) (visit NHSN CLABSI information) [206]. A CLABSI is a primary BSI in a patient that had a central line within the 48-hour period before the development of the BSI and is not bloodstream related to an infection at another site. However, since some BSIs are secondary to other sources other than the central line (e.g., pancreatitis, mucositis) that may not be easily recognized, the CLABSI surveillance definition may overestimate the true incidence of CRBSI.

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Table 1. Catheter Types



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