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Summary of Recommendations

UPDATED RECOMMENDATIONS ON CHLORHEXIDINE-IMPREGNATED (C-I) DRESSINGS
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Updated Recommendations on the Use of Chlorhexidine-Impregnated Dressings for Prevention of Intravascular Catheter-Related Infections (2017)

AT A GLANCE

Summary of Recommendations from the Updated Recommendations on the Use of Chlorhexidine-Impregnated Dressings for Prevention of Intravascular Catheter-Related Infections (2017).

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1.0 Summary

In 2011, the Centers for Disease Control and Prevention (CDC) and CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC) issued *Guidelines for the Prevention of Intravascular Catheter-Related Infections*.¹ This document (hereafter called the 2011 Guidelines) included two recommendations about the use of chlorhexidine-impregnated (C-I) dressings, along with other strategies included in multicomponent interventions ("bundles") to prevent intravascular catheter-related infections. By 2017, additional evidence had emerged regarding the benefits and harms of one or more of these types of dressings for use with intravenous (IV) catheters, central venous catheters (CVCs), and arterial catheters.^{2,3} The U.S. Food and Drug Administration (FDA) has cleared C-I dressings based on bench testing data, demonstrating effectiveness of the device as a barrier to bacterial penetration to the catheter site, and the effectiveness of chlorhexidine in the reduction of bioburden within the dressing during use. The FDA has cleared a subset of these dressings with the specific indication for preventing catheter-related blood stream infection (CRBSI) based on results from clinical testing data.⁴

This document provides evidence-based recommendations on the use of C-I dressings that update selected recommendations from the 2011 Guidelines. These recommendations are based on:

1. a systematic review of literature published in English from January 1, 2010 through March 6, 2017;
2. a systematic grading of the quality of evidence⁵⁻⁷ ([Appendix Table 4](#) and [Appendix Table 5](#));
3. input from infection prevention experts at CDC and HICPAC; and
4. input from the public.

Prior to finalizing the recommendations, CDC solicited input from HICPAC and the public on the draft recommendations, reviewed these comments, incorporated relevant changes, and sought final HICPAC input at a public [teleconference](#) on May 5, 2017, during which HICPAC unanimously voted to approve the updated recommendations.

1.1 Recommendations

1. For patients aged 18 years and older:
 1. Chlorhexidine-impregnated dressings with an FDA-cleared label that specifies a clinical indication for reducing catheter-related bloodstream infection (CRBSI) or catheter-associated blood stream infection (CABSI) are recommended to protect the insertion site of

short-term, non-tunneled central venous catheters. **(Category IA)**⁸⁻¹²(See Section 5.0 [Implementation of Dressing Regimens for Patients 18 Years and Older](#)).

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2. For patients younger than 18 years:
1. Chlorhexidine-impregnated dressings are **NOT** recommended to protect the site of short-term, non-tunneled central venous catheters for premature neonates due to risk of serious adverse skin reactions. **(Category IC)**^{13,14}

2. No recommendation can be made about the use of chlorhexidine-impregnated dressings to protect the site of short-term, non-tunneled central venous catheters for pediatric patients less than 18 years old and non-premature neonates due to the lack of sufficient evidence from published, high-quality studies about efficacy and safety in this age group. **(unresolved issue)**^{14,15}

These recommendations supersede only the two statements about C-I dressings in the section on Catheter Site Dressing Regimens **(Recommendations 12 and 13)** in the [2011 Guidelines](#).

The updated recommendations on use of C-I dressings for short-term, non-tunneled CVCs do not supersede other recommendations about tunneled CVCs, peripheral intravenous catheters, arterial catheters, and other topics covered in the *2011 Guidelines*.

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