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# Appendix: Table 4

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

Appendix: Table 4 from the Updated Recommendations on the Use of Chlorhexidine-Impregnated Dressings for Prevention of Intravascular Catheter-Related Infections (2017).

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Strength of Evidence for Using C-I Gel Dressings or C-I Sponge under Standard Dressings vs. Using Highly Adhesive Dressing or Standard Dressing Alone among Patients Aged ...

## Strength of Evidence for Using C-I Gel Dressings or C-I Sponge under Standard Dressings vs. Using Highly Adhesive Dressing or Standard Dressing Alone among Patients Aged ≥ 18 Years with Short-term, Non-tunneled Central Venous Catheters <sup>A</sup>

Outcome	Findings	Quantity and Type of Evidence (Sample Size)	GRADE of Evidence for Outcome (Limitations of the Evidence)
CRBSI <sup>B</sup>	<ul style="list-style-type: none"><li>3 RCTs found that C-I dressings decreased rates of CRBSI.<ul style="list-style-type: none"><li>1 multicenter RCT<sup>1</sup> (N=1,879) of ICU patients with CVCs, arterial catheters, or both compared transparent C-I gel dressing with either highly adhesive transparent dressing alone or standard, breathable, hypoallergenic dressing alone; HR for CVCs and arterial catheters combined: 0.40 (CI: 0.19–0.87); p=0.02; HR for CVC only: 0.30 (CI: 0.10–0.92); p=0.04. The study found no difference in CRBSI rates by dressing type among patients with arterial catheters: HR: 0.51 (CI: 0.15–1.74); p=0.28. Patients in these 3 analyses may have concurrently used multiple CVCs, multiple arterial catheters, or both.</li><li>1 multicenter RCT<sup>2</sup> (N=1,636) of ICU patients with CVCs, arterial catheters, or both, compared C-I sponge under semipermeable, transparent dressing with semipermeable, transparent dressing alone; HR: 0.24 (CI: 0.09–0.65); p&lt;0.01. This study did not stratify results by catheter type.</li><li>1 single-center RCT<sup>3</sup> (N=601) of hematology-oncology unit patients with chlorhexidine and silver sulfadiazine-impregnated CVC compared C-I sponge under standard, sterile, transparent wound dressing with standard, sterile, transparent wound dressing alone; RR: 0.54 (CI: 0.31–0.94); p=0.02.</li></ul></li><li>1 multicenter RCT<sup>4</sup> (N=306) of ICU patients with CVCs compared C-I sponge under transparent, semipermeable, polyurethane, occlusive dressing with transparent,</li></ul>	4 RCTs <sup>1-4</sup> (N=4,422)	High (None)

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Outcome	Findings	(Sample Size)	(Limitations of the Evidence)
	sterile, transparent wound dressing with the standard, sterile, transparent wound dressing alone; found no product-related adverse events associated with either dressing type.		
Chlorhexidine resistance	<ul style="list-style-type: none"><li>1 multicenter RCT<sup>2</sup> (N=1,525) of ICU patients with CVCs, arterial catheters, or both compared C-I sponge under semipermeable, transparent dressing with semipermeable, transparent dressing alone; found no difference by dressing type in median minimum bactericidal concentration (MBC): 4 (IQR 4–16) vs. 4 (IQR 4–8).</li><li>1 single-center RCT<sup>3</sup> (N=601) of hematology-oncology unit patients in which all patients received chlorhexidine and silver sulfadiazine impregnated CVCs compared C-I sponge under standard, sterile, transparent wound dressing with standard, sterile, transparent wound dressing alone; suggested no differences in bacterial resistance by dressing type.</li></ul>	2 RCTs <sup>2,3</sup> (N=2,126)	Low (Imprecise <sup>E</sup> )

Outcome type, findings, quantity and type of evidence for patients 18 or over.

Footnotes

- A. The overall strength of evidence for this comparison is Moderate. The overall strength of evidence for a comparison is determined by the lowest GRADE of Evidence for a Critical Outcome in that comparison.
- B. A critical outcome.
- C. Inconsistent results and inconsistent outcome definitions.
- D. Low number of events.
- E. Low number of events; no difference between study group.

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Appendix: Table 5

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