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5.0 Implementation Considerations for Patients aged 18 Years and Older

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

5.0 Implementation Considerations for Patients aged 18 Years and Older from the Updated Recommendations on the Use of Chlorhexidine-Impregnated Dressings for Prevention of Intravascular Catheter-Related Infections (2017).

Implementation Considerations for Patients aged 18 Years and Older

Select insertion site dressings based on the needs of the patient. Several factors affect both the choice of dressings for patients aged 18 years and older and the decision to add specific dressings to existing CLABSI prevention bundles. These include, but are not limited to, the interval since catheter insertion, insertion site (e.g., bleeding or oozing), physical and chemical compatibility of the dressing with catheter components, patient sensitivity to dressings, and facility procurement and supply management. There are now three different dressings recommended for use with short-term, non-tunneled CVCs in patients < 18 years of age, including the updated recommendations in this report and other recommendations in the *2011 Guidelines*¹ that were not addressed by this update. Most studies of C-I dressings did not use other CDC-recommended interventions that have become routine practice or part of CLABSI prevention bundles (such as use of alcoholic chlorhexidine for skin preparation). Whether study effect sizes would have been of the same magnitude if these routine practices had been used is unclear. To date, evidence is insufficient to define the elements of the optimal CLABSI prevention bundle or which bundle components, when used in combination, would measurably reduce the rate of infections while minimizing complications.

Every healthcare facility in the United States that uses CVCs should track CLABSI outcomes and process measures to identify opportunities to prevent patient harm. Facilities should ensure high adherence to existing CLABSI prevention policies, practices, and bundles using regular audit and feedback and other means, regardless of which type of dressing is chosen. In healthcare settings that are demonstrating success at preventing CLABSI, the addition of C-I dressings is optional.

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