

Central Line Blood – Stream Infection Prevention

Purpose: To provide guidelines for the critical care healthcare staff in preventing central line blood – stream infections.

Expected Practice:

1. Hand washing shall be performed before and after every patient or equipment contact.
2. Physicians shall use maximum barrier precautions upon catheter insertion.
 - a. Physicians shall use large body drape
 - b. Physicians shall wear mask
 - c. Physicians shall wear hat
 - d. Physicians shall wear sterile gown
 - e. Physicians shall wear sterile gloves
3. Chlorohexidine skin prep shall be used to prep patient skin. See Infection Control Policy 22.0 Skin Preparation for Invasive Procedures.
4. Physicians shall perform surgical hand scrub with chlorohexidine for 6 minutes. See Infection Control Policy 2.0 Hand Hygiene.
5. The physician shall place the catheter in the optimal site appropriate for that patient.
6. Dressings shall be changed at least every 96 hours.
 - a. Please see unit specific policy for dressing changes.
 - b. Chlorohexidine skin preparation shall be used with dressing changes.
7. The physician and nurse shall assess for need of central access every 24 hours.
 - a. Central line access shall be removed as soon as possible.
8. Central lines shall be changed if any signs of line infection present and physician feels central line blood stream infection present.

Resources:

1. Institute for Healthcare Improvement. www.ihl.org
2. AACN Practice Alert: Preventing Catheter – Related Bloodstream Infections. (9/2005).
3. Hadaway, L.(2006). Best practice interventions: Keeping central line infections at bay. Nursing 2005 36 (4) 58 – 64.
4. University Health Systems Consortium. www.uhc.edu
5. Earsing, K. (2005). Best-practice protocols: Preventing central line infection. Nursing Management 36 (10) 18 – 24.