

“In 2013, we further introduced the central line bundle, including (1) hand hygiene, (2) maximal sterile barriers, (3) chlorhexidine gluconate for skin preparation, and (4) avoidance of femoral vein as an access site” Tang et al (2015).

Reference:

Tang, H-J., Chao, C-M., Leung, P-O. Lai, C-C. (2015) Achieving “Zero” CLABSI and VAP after Sequential Implementation of Central Line Bundle and Ventilator Bundle. Infection Control & Hospital Epidemiology. 36(3), p.364-365.

Achieving zero CLABSI following implementation of central line bundles
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Extract:

“This study was performed at a regional teaching hospital in a medical ICU that has 7 adult ICU beds and 1 intensivist. In 2011, we introduced the ventilator bundle, which includes (1) maintenance a semi-recumbent position (ie, 30°-45° elevation of the head to the bed), (2) daily interruption of sedation, (3) daily spontaneous breathing trials, (4) performance of oral care with an antiseptic solution (ie, 0.2% chlorhexidine gluconate), and (5) maintenance of endotracheal tube cuff pressure >20cm H₂O. In 2013, we further introduced the central line bundle, including (1) hand hygiene, (2) maximal sterile barriers, (3) chlorhexidine gluconate for skin preparation, and (4) avoidance of femoral vein as an access site. Our maintenance bundle includes (1) hand hygiene, (2) proper dressing change, (3) aseptic technique for accessing and changing needleless connector, and (4) daily catheter review.”

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