

Our CLABSI patients had a high mortality, although antimicrobial therapy was appropriate. Gram-negative bacteria were responsible for almost half of the cases and there was a high rate of bacteria resistance to extended-spectrum antibiotics” Yokota et al (2016).

Abstract:

BACKGROUND: Central venous catheters are significant risk factors for bloodstream infection (BSI), which are directly associated with increased morbidity and mortality.

METHODS: This study was a retrospective cohort study for the time period of July 2011-June 2014 in patients with central line-associated bloodstream infection (CLABSI) to determine the microbiological profile and antimicrobial adequacy of patients with CLABSI in a tertiary hospital.

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RESULTS: One hundred and twenty-one CLABSI cases were identified. Ninety-two percent (n = 111) of patients had monomicrobial BSI. Gram-negative bacteria were the most prevalent (49%, n = 63), with *Klebsiella* spp. predominating (30%, n = 19). Among the Gram-positive bacteria (n = 43, 33%), coagulase-negative staphylococci was the major pathogen (58%, n = 25), and all isolates were methicillin resistant. Antimicrobial therapy was assessed as adequate in 81% (n = 98) of cases. In-hospital mortality was 36% (n = 43 cases).

CONCLUSION: Our CLABSI patients had a high mortality, although antimicrobial therapy was appropriate. Gram-negative bacteria were responsible for almost half of the cases and there was a high rate of bacteria resistance to extended-spectrum antibiotics.

Full Text

Reference:

Yokota, P.K., Marra, A.R., Belucci, T.R., Victor, E.D., Dos Santos, O.F. and Edmond, M.B. (2016) Outcomes and Predictive Factors Associated with Adequacy of Antimicrobial Therapy in Patients with Central Line-Associated Bloodstream Infection. *Frontiers in Public Health*. 4, p.284. eCollection 2016.

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