



"...determine the incidence of central line associated bloodstream infections (CLABSIs) in the medical intensive care unit (ICU) and ward setting at All India Institute of Medical Sciences (AIIMS), New Delhi." Deepti, Sinha et al (2014)

Reference:

Deepti, Sinha S., Sharma, S.K., Aggarwal, P., Biswas, A., Sood, S., Ragunandan, P., Ekka, M., Xess, I. and Sreenivas, V. (2014) Central venous catheter related bloodstream infections in medical intensive care unit patients in a tertiary referral centre. The Indian Journal of Chest Diseases & Allied Sciences. 56(2), p.85-91.

Central line associated bloodstream infections in the medical intensive care unit
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Abstract:

AIMS: To determine the incidence of central line associated bloodstream infections (CLABSIs) in the medical intensive care unit (ICU) and ward setting at All India Institute of Medical Sciences (AIIMS), New Delhi.

SETTINGS AND DESIGN: The study was conducted in the medical ICU, a 9-bedded ICU at the AIIMS, a tertiary care teaching hospital. The study design was a prospective observational

study.

METHODS: One hundred patients admitted to medical ICU and the ward at AIIMS with an indwelling, non-tunnelled central venous catheter (CVC) in place at admission and those with a hospital stay with indwelling CVC for more than 48 hours were monitored. These patients were followed daily for the development of new onset sepsis 48 hours after insertion of CVC, in which case three sets of blood samples for culture were drawn over a span of 24 hours.

STATISTICAL METHODS: Incidence of CLABSIs was measured per 1000 central line days.

RESULTS: One hundred patients hospitalised for an aggregate 1119 days acquired 29 hospital-acquired infections (HAIs), a rate of 38.8% or 31.2 HAIs per 1000 hospital days. The incidence of bloodstream infections (BSIs) in this group was 6.8%. No case of laboratory confirmed CLABSIs could be demonstrated. Incidence of clinical sepsis was 27.6% or 8.2 per 1000 CVC days. There were 9 cases out of the 29 patients (39.7%) who had evidence of HAIs with no apparent focus of infection. Only one of these cases had evidence of BSI with isolation of *Staphylococcus aureus* in both CVC tip culture and the simultaneous blood culture; however the antibiograms were different.

CONCLUSIONS: The low rate of BSIs in the present study and the absence of occurrence of a laboratory confirmed CLABSI should be interpreted in the light of the small sample size of the study and the multitude of antibiotics received before the development of HAI.

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