

The first important step is introduction of CLABSI rate monitoring in this high-risk patient population” Snarski et al (2015).

Reference:

Snarski, E., Mank, A., Iacobelli, S., Hoek, J., Styczyński, J., Babic, A., Cesaro, S. and Johansson, E. (2015) Current practices used for the prevention of central venous catheter-associated infection (CLABSI) in hematopoietic stem cell transplantation recipients: a survey from the Infectious Diseases Working Party and Nurses’ Group of EBMT. *Transplant Infectious Disease*. May 7th. .

CLABSI prevention in hematopoietic stem cell transplantation recipients
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Abstract:

BACKGROUND: Central line-associated bloodstream infection (CLABSI) is one of the most common infectious complications after hematopoietic stem cell transplantation. To prevent this complication, international guidelines recommend the implementation of the CLABSI ‘prevention bundle’ consisting of hand hygiene, full barrier precautions, cleaning the insertion site with chlorhexidine, avoiding femoral sites for insertion, and removing unnecessary catheters. The aim of this survey was to analyze to what extent European Group for Blood and Marrow Transplantation (EBMT) centers have included the CLABSI prevention bundle in practice.

METHODS: A questionnaire used for data collection was sent to the 545 EBMT centers worldwide, 103 of which responded.

RESULTS: All 5 components of the CLABSI prevention bundle were recorded in 28% of the centers’ standard operating procedures (SOP), and 21% of the centers answered that they used all of the bundle components in clinical practice. The most common recommendation absent from the SOP was specification of all the components of full barrier precautions (43% of the centers did not include at least 1 component). Skin disinfection with chlorhexidine before catheter insertion was reported by 66% centers. CLABSI rates were monitored in 21% of centers.

CONCLUSIONS: Although most of the centers lacked 1 or more of the CLABSI prevention



bundle components in their SOP, improvements could easily be made by updating the centers' SOP. The first important step is introduction of CLABSI rate monitoring in this high-risk patient population.

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