Overall, implementation of a guideline on administration of antimicrobial lock therapy was successful. Nine patients received antimicrobial lock therapy in the 18 months after policy implementation; although 2 had their line removed (1 due to repeated line infections), neither required line replacement.” Zembles et al (2018).

Abstract:

Purpose: The development and implementation of an antimicrobial lock therapy guideline at a large pediatric hospital are described.

Summary: Central venous access devices (CVADs) are essential in the medical management of patients requiring long-term total parenteral nutrition, chemotherapy, or hemodialysis. However, the use of a CVAD carries a significant risk of the development of central line–associated bloodstream infection (CLABSI). Antimicrobial lock therapy is indicated for patients with CLABSIs who have no signs of exit site or tunnel infection and for whom catheter salvage is a goal. An antimicrobial lock therapy guideline was developed and implemented at a large pediatric hospital by an interprofessional team consisting of providers specializing in CVAD care. Development and implementation of the guideline included a needs assessment, a literature review, determination of patient selection criteria, addition of compounding formulations, development of administration techniques, and education. In all 10 instances of lock therapy in the 18 months after guideline implementation, the criteria for use were met; in 60% of those instances, patients received care from an infectious diseases physician. Each of the available lock solutions was used at least once during the 18-month period.

Conclusion: Overall, implementation of a guideline on administration of antimicrobial lock therapy was successful. Nine patients received antimicrobial lock therapy in the 18 months after policy implementation; although 2 had their line removed (1 due to repeated line infections), neither required line replacement.
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