Central line days may be reduced by the consistent daily reevaluation of a line’s justification using defined criteria” Kara et al (2016).

**Abstract:**

BACKGROUND: There are 250,000 cases of central line-associated blood stream infections in the United States annually, some of which may be prevented by the removal of lines that are no longer needed.

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OBJECTIVE: To test the performance of criteria to identify an idle line as a guideline to facilitate its removal.

METHODS: Patients with central lines on the wards were identified. Criteria for justified use were defined. If none were met, the line was considered “idle.” We proposed the guideline that a line may be removed the day following the first idle day and compared actual practice with our proposed guideline.

RESULTS: One hundred twenty-six lines in 126 patients were observed. Eighty-three (65.9%) were peripherally inserted central catheters. Twenty-seven percent (n= 34) were placed for antibiotics. Seventy-six patients had lines removed prior to discharge. In these patients, the line was in place for 522 days, of which 32.7% were idle. The most common reasons to justify the line included parenteral antibiotics and meeting systemic inflammatory response (SIRS) criteria. In 11 (14.5%) patients, the line was removed prior to the proposed guideline. Most (n = 36, 47.4%) line removals were observed to be in accordance with our guideline. In another 29 (38.2%), line removal was delayed compared to our guideline.

CONCLUSIONS: Idle days are common. Central line days may be reduced by the consistent daily reevaluation of a line’s justification using defined criteria. The practice of routine central line placement for prolonged antibiotics and the inclusion of SIRS criteria to justify the line
may need to be reevaluated.

Reference:

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