The impact of chlorhexidine (CHG)-impregnated versus non-CHG peripherally inserted central catheters (PICCs) on risk of CLABSI is unknown. Venous thromboembolism (VTE) is also a complication associated with CVCs. This study compares the impact of both PICC lines on these outcomes” Storey et al (2016).

Abstract:

BACKGROUND: Central line-associated bloodstream infections (CLABSIs) are a common life-threatening risk factor associated with central venous catheters (CVCs). Research has demonstrated benefit in reducing CLABSIs when CVCs coated with antimicrobials are inserted. The impact of chlorhexidine (CHG)-impregnated versus non-CHG peripherally inserted central catheters (PICCs) on risk of CLABSI is unknown. Venous thromboembolism (VTE) is also a complication associated with CVCs. This study compares the impact of both PICC lines on these outcomes.

METHODS: Patients in 3 high-risk units were randomly assigned to receive either a CHG-impregnated or non-CHG PICC line. Laboratory data were collected and reviewed daily on all
study patients. The PICC dressing site was assessed daily. Medical record documentation was reviewed to determine presence of CLABSI or VTE.

RESULTS: There were 167 patients who completed the study. Three patients developed CLABSI (2 in the CHG group, and 1 in the non-CHG group), and 3 patients developed VTE (2 in the non-CHG group, and 1 in the CHG group). No significant relationship was noted between the type of PICC line on development of a CLABSI (P = .61) or VTE (P > .99). A significant difference was noted in moderate bleeding (P ≤ .001) requiring thrombogenic dressing in the patients who had the CHG PICC line.

CONCLUSIONS: No differences were noted in the development of CLABSI and VTE between the CHG and non-CHG groups.

Reference:


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