Abstract:

PURPOSE OF REVIEW: Catheter-related bloodstream infections (CRBSIs) account for a major source of morbidity in children with intestinal failure. Many of these patients require long-term central venous access, placing them at significant risk for these infections. The purpose of this review is to highlight the most current strategies and interventions for minimizing CRBSIs in this population.

RECENT FINDINGS: Strategies for the prevention of CRBSIs continue to evolve, although most have not been specifically evaluated in children with intestinal failure. Some of the more recent interventions that are likely to be effective in this population include creating standardized protocols for catheter insertion and maintenance, ethanol lock therapy, and occasional use of antimicrobial catheters and dressings.

SUMMARY: Every effort must be made to prevent CRBSIs in infants and children with intestinal failure. Disease specific risk factors must be considered when determining the best approach for infection prevention. Because of their long-term access needs, checklists and protocols to maintain strict sterile technique at the time of catheter insertion are useful. Additionally, these children often have some degree of intestinal bacterial overgrowth secondary to dilation and dysmotility. Therefore, the use of antimicrobial locks, catheters and dressings likely provide benefit for some patients.