

Therefore, we intend to introduce evidence-based CLABSI prevention package in our practice to improve CLABSI rates in our NICU within limited resources” Hussain et al (2017).

Abstract:

INTRODUCTION: Central line-associated bloodstream infections (CLABSI) are the most important cause of morbidity and mortality in critically ill patients. Evidence-based interventions when used in form of a bundle have proven to decrease CLABSI. Our unit has a high CLABSI rate (9/1000 central line days). Therefore, we intend to introduce evidence-based CLABSI prevention package in our practice to improve CLABSI rates in our NICU within limited resources.

METHODS AND ANALYSIS: The study will be conducted using preanalysis and postanalysis design from January 2016 to December 2017. It is going to be conducted in three phases with phase I being the preimplimentation phase where retrospective data will be collected. Phase II, implementation phase, where the CLABSI prevention package will be introduced and phase III will be follow-up to see the impact. Primary outcome will be reduction in CLABSI rates.

ANALYSIS PLAN AND REPORTING: For all three phases, descriptive analysis will be performed. Nominal data will be presented as mean \pm SD, whereas categorical data will be presented as frequencies and percentages. To compare the effect of intervention we will use independent sample t-test for continuous outcomes, whereas X² test will be used for categorical outcomes. Relative risk ratios, 95% CI, and p values will be determined. Incidence density will be calculated and Poisson regression will be used to determine factors associated with incidence of CLABSI. Microbiological profiles and antimicrobial resistance pattern will be reported as pan sensitive, multidrug-resistant organism and carbapenem-resistant organism. SQUIRE V.2.0 guidelines will be used for manuscript writing and reporting.

Full Text

Reference:

Hussain, A.S.S., Ali, S.R., Ariff, S., Arbab, S., Demas, S., Zeb, J. and Rizvi, A. (2017) A protocol for quality improvement programme to reduce central line-associated bloodstream infections in NICU of low and middle income country. *BMJ Paediatrics Open*. 1(1), p.e000008. eCollection 2017.

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