We aim to investigate the role of a single prophylactic dose of vancomycin in decreasing the incidence of central line associated bloodstream infection associated with PICC removal” Bhargava et al (2018).

Abstract:

OBJECTIVE: Peripherally inserted central catheter (PICC) line removal is associated with bloodstream infections and clinical sepsis. We aim to investigate the role of a single prophylactic dose of vancomycin in decreasing the incidence of central line associated bloodstream infection associated with PICC removal.

METHODS: A retrospective chart review of patients in the neonatal intensive care unit was conducted. Patients were divided into two study groups based on whether a single dose of vancomycin was administered (exposed) or not (nonexposed). The primary outcome measured was clinical sepsis with or without positive blood culture.

RESULTS: The incidence of clinical sepsis in the exposed group was 7.3% compared with 6.3% in the nonexposed group (p-value: 0.7860). The incidence of culture-positive sepsis in the exposed group was 2.2% compared with 1.6% in the nonexposed group (p-value: 0.7673). The overall incidence of clinical and culture-positive sepsis in the subgroup with infants weighing <1,500 g and <32 weeks’ gestational age was similar to the main study group.

CONCLUSION: Our data do not support routine vancomycin prophylaxis prior to PICC line removal in premature infants to prevent sepsis associated with PICC removal. However, a large randomized controlled trial is further needed to delineate these results.

Reference:

Reducing clinical sepsis in premature infants prior to removal of Peripherally Inserted Central Catheter


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