



The graphic features the SecurAcath logo at the top, with the brand name in black and a stylized orange 'A'. Below the logo, the text 'Reduce Infections' and 'Decrease Dislodgements' is displayed in white on a dark orange background. A 'Learn More' link with a right-pointing arrow is positioned below the text. On the right side, a close-up image of the SecurAcath device is shown, which is a yellow, U-shaped catheter holder with 'LIFT' and 'HOLD' labels and arrows indicating its use. The device is shown attached to a clear plastic catheter.



In this multicenter, real-world analysis of the impact of CHG bathing, hospitals that implemented CHG bathing attained a decrease in ICU CLABSIs...” Dicks et al (2016).

Abstract:

OBJECTIVE: To determine whether daily chlorhexidine gluconate (CHG) bathing of intensive care unit (ICU) patients leads to a decrease in hospital-acquired infections (HAIs), particularly infections caused by methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococcus* (VRE).

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DESIGN: Interrupted time series analysis.

SETTING The study included 33 community hospitals participating in the Duke Infection Control Outreach Network from January 2008 through December 2013.

PARTICIPANTS: All ICU patients at study hospitals during the study period.

METHODS Of the 33 hospitals, 17 hospitals implemented CHG bathing during the study period, and 16 hospitals that did not perform CHG bathing served as controls. Primary pre-specified outcomes included ICU central-line-associated bloodstream infections (CLABSIs), primary bloodstream infections (BSI), ventilator-associated pneumonia (VAP), and catheter-associated urinary tract infections (CAUTIs). MRSA and VRE HAIs were also evaluated.

RESULTS Chlorhexidine gluconate (CHG) bathing was associated with a significant downward trend in incidence rates of ICU CLABSI (incidence rate ratio , 0.96; 95% confidence interval [CI], 0.93-0.99), ICU primary BSI (IRR, 0.96; 95% CI, 0.94-0.99), VRE CLABSIs (IRR, 0.97; 95% CI, 0.97-0.98), and all combined VRE infections (IRR, 0.96; 95% CI, 0.93-1.00). No significant trend in MRSA infection incidence rates was identified prior to or following the implementation of CHG bathing.

CONCLUSIONS In this multicenter, real-world analysis of the impact of CHG bathing, hospitals that implemented CHG bathing attained a decrease in ICU CLABSIs, ICU primary BSIs, and VRE CLABSIs. CHG bathing did not affect rates of specific or overall infections due to MRSA. Our findings support daily CHG bathing of ICU patients.

Reference:

Dicks, K.V., Lofgren, E., Lewis, S.S., Moehring, R.W., Sexton, D.J. and Anderson, D.J. (2015) A Multicenter Pragmatic Interrupted Time Series Analysis of Chlorhexidine Gluconate Bathing in Community Hospital Intensive Care Units. *Infection Control and Hospital Epidemiology*. February 10th. .



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