

## **Using 0.2% CHG-acetate as skin disinfectant in extremely preterm infants resulted in statistically significant reduction of skin lesions, without increasing the risk of CLABSI as compared with 0.5% CHG-70% alc” Janssen et al (2017).**

Abstract:

**OBJECTIVE:** The skin disinfectant ‘0.5% chlorhexidine gluconate in 70% alcohol’ (0.5% CHG-70% alc) may cause skin lesions in extremely preterm infants (gestational age

**DESIGN:** Retrospective pre-post comparison cohort study.

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**PATIENTS:** All electronic patient records of extremely preterm infants born between January 2011-March 2013 (‘0.5% CHG-70% alc’ cohort) and April 2013-October 2015 (‘0.2% CHG-acetate’ cohort) were reviewed.

**MAIN OUTCOME MEASURES:** The incidence of skin lesions and CLABSI. Skin lesions were defined as the presence of erythema, blisters, excoriation, oedema or induration. CLABSI was defined according to the definition of the US Centers for Disease Control and Prevention.

**RESULTS:** The incidence of skin lesions was 22% (95% CI 11% to 37%) in the ‘0.5% CHG-70% alc’ cohort (n=41) and 5% (95% CI 1% to 15%; p=0.02) in the ‘0.2% CHG-acetate’ cohort (n=41). The incidence of CLABSI was the same in both groups (28%; 95% CI 14% to 46% in ‘0.5% CHG-70% alc’ vs 27%; 95% CI 14% to 44% in ‘0.2% CHG-acetate’; p=0.98).

**CONCLUSIONS:** Using 0.2% CHG-acetate as skin disinfectant in extremely preterm infants resulted in statistically significant reduction of skin lesions, without increasing the risk of CLABSI as compared with 0.5% CHG-70% alc.

Reference:

Janssen, L.M.A., Tostmann, A., Hopman, J. and Liem, K.D. (2017) 0.2% chlorhexidine acetate as skin disinfectant prevents skin lesions in extremely preterm infants: a preliminary report. Archives of Disease in Childhood. Fetal and Neonatal Edition. May 3rd. .

doi: 10.1136/archdischild-2017-312694.

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