The present study applies a systematic review and meta-analysis to assess the effect of a 2% chlorhexidine (CHG) bed-bath on the risk of central line-associated bloodstream infections (CLABSI)” Lin et al (2017).

Abstract:

BACKGROUND: Central catheters are used primarily in ICU settings. Bloodstream infections in the central line of central catheters have been shown to cause longer hospital stays for patients and result in higher medical costs.

PURPOSE: The present study applies a systematic review and meta-analysis to assess the effect of a 2% chlorhexidine (CHG) bed-bath on the risk of central line-associated bloodstream infections (CLABSI).

METHODS: The Public Health Resource Unit of England issued the Critical Appraisal Skills Programme and evaluated the standardized crucial appraisal tools from the Joanna Briggs Institute that are used to assess methodological quality. The present study identified 6 studies that met the criteria from a keyword search that included: CHG and soap-water for
Will chlorhexidine bathing improve CLABSI rates?

bed-bath experiment. The experiment used RevMan 5 software to conduct the meta-analysis.

RESULTS: The results support the homogeneity (p = .002, I² = 64%) of the sample. Comprehensive effectiveness was 0.45 (95% CI [0.35, 0.58], p < .001). The CHG bed-bath intervention was shown to effectively reduce CLABSI.

CONCLUSIONS / IMPLICATIONS FOR PRACTICE: The meta-analysis indicated that bed-bath with CHG reduces the incidence of CLABSI. We recommend that center catheter bundle care be applied in ICUs in combination with CHG bed-bath in order to reduce the risk of CLABSI.

Reference:


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