
Abstract:

Central venous access devices are integral in the treatment of pediatric malignancies. CLABSIs are a well-documented complication of therapy and remain a significant source of morbidity and mortality. In 2006, the National Association of Children’s Hospitals and Related Institutions (NACHRI) launched a study to determine best practice in central line maintenance and insertion in the Pediatric Intensive Care (PICU) setting. The success of these interventions in reducing healthcare-associated CLABSI (HA-CLABSI) raised question if similar adaptations would have a similar effect in the pediatric hematology/oncology (hem/onc) population.