We have shown that the incidence of community-acquired central line-associated bloodstream infections in children with intestinal failure can be reduced through formal education of central venous catheter care to family members” Drews et al (2017).

Abstract:

Pediatric patients with intestinal failure often require central venous catheters for extended periods of time for parenteral nutrition, blood sampling, and medication administration, increasing morbidity, mortality, and costs. In 2007, we reported a central line-associated bloodstream infection rate of 7.0 per 1,000 catheter line-days in our pediatric patients with intestinal failure. On the basis of this high rate of catheter-associated infections, we developed and implemented a central line care curriculum for patients/family caregivers and home health nurses. We aim to show with the implementation of patient/family caregiver and home health nurse standardized education, the central line-associated bloodstream infection rate can be significantly reduced and that this is sustainable. A retrospective review of 80 pediatric outpatients with intestinal failure and long-term central venous access was performed between January 1, 2009, and December 31, 2014. During this time period, the nursing department at Children’s Medical Center of Dallas implemented a systematic central line care education program for patients and/or caregivers.

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The number of community-acquired central line-associated bloodstream infections during this time period was collected and compared with our previously reported data from 2005 to 2007 prior to the implementation of education program. With the implementation of standardized care guidelines and a central venous catheter care curriculum, the community-acquired rate decreased from 4.8 to 2.9 per 1,000 catheter-days in 80 patients with intestinal failure between January 1, 2009, and December 31, 2014 (p < .001). This was also a significant decrease compared with the initial central line-associated bloodstream infection rate of 7.0 per 1,000 central line days in 2007 (p < .001) prior to the development of the central venous catheter care curriculum. We have shown that the incidence of community-acquired central
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line-associated bloodstream infections in children with intestinal failure can be reduced through formal education of central venous catheter care to family members.

Reference:


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