
Abstract:

Each year an estimated 250,000 cases of central line associated bloodstream infections occur in the United States (CDC, 2005). Reduction of CRBSI has become a major focus for education and initiatives to improve practice. Various antimicrobial agents and practices are supported with evidence to demonstrate impact on CRBSI. The broad spectrum activity of chlorhexidine as an antibacterial, antiviral, and antifungal agent is well accepted (Denton, 2001).

The purpose of this clinical evaluation was to statistically validate the performance of a new chlorhexidine gluconate (CHG) gel dressing. A fully integrated transparent dressing with a CHG gel pad was evaluated in six different facilities across the United States over a period of 73 days with 64 different clinicians. A total of 500 CHG gel dressings were applied during the evaluation period. The clinicians were asked to evaluate 16 levels of performance criteria of the new CHG dress dressings and compare these areas of performance to the performance of their current CHG disk plus transparent dressing being used at their facility. Their current dressing was replaced with the new CHG gel dressing. All sites changed dressings at 24-48 hours as needed, and then at seven days. The evaluation questions were striated into four performance groups: ease of application, gel dressing performance, securement function and ‘other’. In all 16 levels of performance ratings, the CHG gel dressing was rated ‘same as’,
‘better’, or ‘much better’. In addition to the antimicrobial advantages of a CHG gel dressing, clinical data demonstrates the following benefits: ease of use of a one piece CHG gel dressing, ability to fully visualise the insertion site through the gel, and absorption of fluid under the dressing. The new CHG gel dressing was well tolerated by patients and performed in a manner that equalled or well exceeded the current two step process of antimicrobial dressing application.

More information.