Replacing adhesive dry gauze dressing with CHG-transparent dressing for hemodialysis patients with tunneled CVC was associated with decreased CRI rates” Apata et al (2017).

Abstract:

PURPOSE: Central venous catheters (CVC) are associated with increased infection rates, morbidity and mortality compared to other hemodialysis vascular access. Chlorhexidine-impregnated transparent (CHG-transparent) dressings allow for continuous antimicrobial exposure and easy visibility of the CVC insertion site. We conducted a quality improvement project to compare catheter-related infection (CRI) rates in two dressing regimens – CHG-transparent dressings and adhesive dry gauze dressing in hemodialysis patients with tunneled CVCs.

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METHODS: The study was conducted in two phases. In phase 1, CHG-transparent dressing was introduced to EDC hemodialysis unit, while EDG and EDN hemodialysis units, served as the control sites and maintained adhesive dry gauze dressing. Phase 2 of the study involved replacing the adhesive dry gauze dressing with CHG-transparent dressing at EDG and EDN and maintaining CHG-transparent dressing at EDC. CRI rates at each hemodialysis unit during
the 12-month intervention were compared to CRI rates for the 12-month pre-intervention period for each study phase. CRI rates were also compared between all three hemodialysis units.

RESULTS: In phase 1, CRI rates (per 1000 days) in EDC (intervention site) decreased by 52% (1.69 vs. 0.82, p<0.05) and increased by 12% (1.80 vs. 2.02, p = 0.75) at EDG, and 35% (0.91 vs. 1.23, p = 0.40) at EDN. In phase 2, CRI rates at EDG and EDN (intervention sites) decreased by 86% (1.86 vs. 0.26 p<0.05), and 53% (1.89 vs. 0.88, p<0.05), respectively, and decreased by 20% at EDC (0.73 vs. 0.58, p = 0.65).

CONCLUSIONS: Replacing adhesive dry gauze dressing with CHG-transparent dressing for hemodialysis patients with tunneled CVC was associated with decreased CRI rates.

Reference:


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