

This implementation guide is designed to provide basic information regarding the prevention of central line-associated bloodstream infection that is applicable for use by all infection preventionists (IPs), regardless of their practice setting or their level of experience” Goss (2015).

Introduction:

Prevention of device-associated infection represents a complex challenge for the infection prevention team as well as the many stakeholders involved in those prevention activities. Furthermore, as the characteristics of the host patient become increasingly compromised, it is vital that there be an attention to basic practice coupled with knowledge of process improvement opportunities.

This implementation guide is designed to provide basic information regarding the prevention of central line-associated bloodstream infection that is applicable for use by all infection preventionists (IPs), regardless of their practice setting or their level of experience. The information provided will facilitate the learning of basic concepts and provide both the novice and the experienced IP with an opportunity to objectively evaluate current practice within the framework of continuous improvement. The goal of this implementation guide is to outline practices that are core to prevention efforts, demonstrate application through associated tools and resources, and provide information that augments existing evidence-based guidelines—including the Healthcare Infection Control Practices Advisory Committee (HICPAC) 2011 Guidelines for the Prevention of Intravascular Catheter-Related Infection. A strength of this implementation guide is demonstrated by the collaborative efforts of the many contributors and reviewers who have worked together to compose a document that has been peer-reviewed and is immediately useful in practice. The true measure will be a reduction in infection experienced by patients.

Full Text

Reference:

Goss, L. (Ed) (2015) Guide to Preventing Central Line-Associated Bloodstream Infections. APIC. ISBN: 1-933013-56-7.

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