



The objective was to decrease CLABSIs using evidence-based measures. The retrospective review compared CLABSI incidence during and after changes in catheter care” Dumpa et al (2019).

Abstract:

Advances in neonatology led to survival of micro-preemies, who need central lines. Central line-associated bloodstream infection (CLABSI) causes prolonged hospitalization, morbidities, and mortality. Health care team education decreases CLABSIs. The objective was to decrease CLABSIs using evidence-based measures. The retrospective review compared CLABSI incidence during and after changes in catheter care. In April 2011, intravenous (IV) tubing changed from Interlink to Clearlink; IV tubing changing interval increased from 24 to 72 hours. CLABSIs increased. The following measures were implemented: July 2011, reeducation of neonatal intensive care staff on Clearlink; August 2011, IV tubing changing interval returned to 24 hours; September 2011, changed from Clearlink back to Interlink; November 2011, review of entire IV process and in-service on hand hygiene; December 2011, competencies on IV access for all nurses. CLABSIs were compared during and after interventions. Means were compared using the t test and ratios using the χ^2 test; $P < .05$. CLABSIs decreased from 4.4/1000 to 0/1000 catheter-days; $P < .05$. Evidence-based interventions reduced CLABSIs.

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CLABSI rate reduction with evidence-based practice
Study demonstrates significant decrease in neonatal CLABSI
Evidence based practice improvement project

Reference:

Dumpa, V., Adler, B., Allen, D., Bowman, D., Gram, A., Ford, P. and Sannoh, S. (2019)
Reduction in Central Line-Associated Bloodstream Infection Rates After Implementations of
Infection Control Measures at a Level 3 Neonatal Intensive Care Unit. *American Journal of
Medical Quality*. 34(5), p.488-493. doi: 10.1177/1062860619873777.

