

One area of ongoing confusion for many clinicians is whether to adhere to the manufacturer’s recommendations that CHG remain on the skin following the procedure to promote persistent microbicidal effects, or to foster product removal in hopes of preventing skin-related complications” Delong Pettit and Li Sharpe (2017).

Abstract:

Background: Neonates are at greater risk for central-line-associated bloodstream infection due to prolonged vascular access for nutrition and medications. Skin antisepsis using chlorhexidine gluconate (CHG), particularly the formulation with alcohol (CHG/alcohol), during central line insertion and maintenance activities is a key clinical care process associated with central line-associated bloodstream infection reduction. One area of ongoing confusion for many clinicians is whether to adhere to the manufacturer’s recommendations that CHG remain on the skin following the procedure to promote persistent microbicidal effects, or to foster product removal in hopes of preventing skin-related complications.

Purpose: Determine the effect of a targeted education program on the knowledge and attitudes of nurses who place peripherally inserted central catheters in the neonatal intensive care unit regarding the use and removal of CHG antiseptic.

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Methods: A quasiexperimental presurvey/postsurvey quality improvement project recruited participants from the electronic mailing list of a national neonatal nursing organization.

Results: There was a statistically significant deficiency in knowledge or misinformation related to the use of CHG/alcohol on the presurvey assessment. Eight questions reflecting knowledge consistent with most recent evidence were answered correctly only 11.4%-25.7% of the time, all of which were considered statistically significant. Following completion of the education program, a nearly 100% correct response rate on all but 3 postsurvey questions resulted.

Conclusions: This quality improvement project demonstrated success in the ability to change knowledge surrounding the removal of CHG/alcohol from the skin of babies in a neonatal intensive care unit following completion of a targeted education program, and the effectiveness of targeted web-based educational programs.

Reference:

Delong Pettit, J. and Li Sharpe, E. (2017) The Effect of Education on Chlorhexidine Use in a Neonatal Intensive Care Unit. *The Journal of the Association for Vascular Access*. 22(3), p.115-123.

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