



“We surveyed infection control staff in NICUs reporting to the National Healthcare Safety Network (NHSN) to assess strategies used to prevent methicillin-resistant *Staphylococcus aureus* (MRSA) transmission and central line-associated bloodstream infections in NICUs.” Hocevar et al (2014).

#### Reference:

Hocevar, S.N., Lessa, F.C., Gallagher, L., Conover, C., Gorwitz, R. and Iwamoto, M. (2014) Infection Prevention Practices in Neonatal Intensive Care Units Reporting to the National Healthcare Safety Network. *Infection Control and Hospital Epidemiology*. 35(9), p.1126-1132.

Infection prevention practices in neonatal intensive care units [@ivteam](http://ctt.ec/nAcba+) #ivteam

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#### Abstract:

**Background:** Patients in the neonatal intensive care unit (NICU) are at high risk for healthcare-associated infections. Variability in reported infection rates among NICUs exists, possibly related to differences in prevention strategies. A better understanding of current prevention practices may help identify prevention gaps and areas for further research.

**Methods:** We surveyed infection control staff in NICUs reporting to the National Healthcare

Safety Network (NHSN) to assess strategies used to prevent methicillin-resistant *Staphylococcus aureus* (MRSA) transmission and central line-associated bloodstream infections in NICUs.

Results: Staff from 162 of 342 NICUs responded (response rate, 47.3%). Most (92.3%) NICUs use central line insertion and maintenance bundles, but maintenance practices varied, including agents used for antisepsis and frequency of dressing changes. Forty-two percent reported routine screening for MRSA colonization upon admission for all patients. Chlorhexidine gluconate (CHG) use for central line care for at least 1 indication (central line insertion, dressing changes, or port/cap antisepsis) was reported in 82 NICUs (51.3%). Among sixty-five NICUs responding to questions on CHG use restrictions, 46.2% reported no restrictions.

Conclusions: Our survey illustrated heterogeneity of CLABSI and MRSA prevention practices and underscores the need for further research to define optimal strategies and evidence-based prevention recommendations for neonates.

Other intravenous and vascular access resources that may be of interest (External links - IVTEAM has no responsibility for content).

Guide for intravenous chemotherapy and associated vascular access devices from Macmillan. CancerUK IV chemotherapy information.

