“The objective of this study was to determine the influences of CVC access sites, CVC types, and presumed causative microorganisms on CLABSI occurrence in an acute care hospital” Matsui et al (2015).

Reference:

Japanese study of central line–associated bloodstream infections http://ctt.ec/bfKei+
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Abstract:

Background: Central line–associated bloodstream infection (CLABSI) is an important concern associated with central venous catheter (CVC) use. The objective of this study was to determine the influences of CVC access sites, CVC types, and presumed causative microorganisms on CLABSI occurrence in an acute care hospital.

Methods: We conducted a prospective, observational study of CLABSI occurrence for 3 consecutive years in a 600-bed Japanese acute care hospital. Data collected included patient characteristics, CVC access sites, CVC types, and microorganisms isolated by blood culture.

Results: For 1,650 CVCs used for 1,237 patients, 39 cases of infection were identified. Most infections had occurred within 1 month of CVC insertion. Maximal sterile barrier precautions had been used for most cases (97.3%). The average CLABSI occurrence days with internal jugular vein access were shorter than those with subclavian vein access and femoral vein access. CLABSI rates were 1.1 and 0.7 for single- and multilumen CVCs, respectively. CLABSI occurrence tended to be shorter when gram-positive cocci were isolated and tended to be longer when fungi (Candida spp) were isolated.

Conclusion: Most CLABSI cases had occurred within 1 month of CVC insertion. Longer CVC duration increased chance of fungal infection.

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