“Our objective was to evaluate whether the use of midline venous catheters in place of central line venous catheters, when appropriate, decreased the overall incidence of central line-associated bacteremia in a ventilator unit” Pathak et al (2015)

Reference:


Midline catheters in place of central lines decrease CLABSI rates http://ctt.ec/7yHcT+
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Abstract:

Hypothesis: Our objective was to evaluate whether the use of midline venous catheters in place of central line venous catheters, when appropriate, decreased the overall incidence of central line-associated bacteremia in a ventilator unit.

Methods: The time interval between February 2012 and February 2013 was divided into 2 periods. Group A was the first half of the year, before the introduction of midline catheters, and group B was the second half of the year, 6 months after their introduction. Central line-
associated bloodstream infection (CLABSI) was calculated using the equation: (total number of CLABSI/total number of catheter days) x 1000. The Z test was used for proportions between independent groups to compare the significance in the difference in CLABSI between groups A and B.

Results: There was a significant decrease in the total number of catheter days on the ventilator unit in group A from 2408 catheter days in 1 year (August 1, 2011, to July 31, 2012) before the introduction of midline catheters to 1521 catheter days in group B in the following year (November 1, 2012, to October 31, 2013; P < 0.05 for both groups).

Conclusions: Midline catheters in place of central lines decrease the rate of CLABSI in a ventilator unit. In addition, no bloodstream infections were associated with midline catheters.