We instigated a successful intervention combining skin antisepsis using sterile applicators with 2% chlorhexidine gluconate in 70% isopropanol prior to phlebotomy (replacing 70% isopropanol) and staff education" O'Connor et al (2016).

Summary:

Contaminated blood cultures represent challenges regarding diagnosis, duration of hospitalization, antimicrobial use, pharmacy and laboratory costs. Facing problematic neonatal blood culture contamination (3.8%), we instigated a successful intervention combining skin antisepsis using sterile applicators with 2% chlorhexidine gluconate in 70% isopropanol prior to phlebotomy (replacing 70% isopropanol) and staff education. In the six months prior to intervention, 364 neonatal peripheral blood samples were collected. Fourteen (3.8%) were contaminated. In the post-intervention six months, 314 samples were collected. Three (0.96%) were contaminated, representing significant improvement (Fisher's exact test: P = 0.0259). No dermatological sequelae were observed. The improvement has been sustained.

Reference:

O'Connor, C.,. Philip, R.K., Powell, J., Slevin, B., Quinn, C., Power, L., O'Connell, N.H. and Dunne, C.P. (2016) Combined education and skin antisepsis intervention for persistently high blood-culture contamination rates in neonatal intensive care. February 5th. The Journal of Hospital Infection.

DOI: http://dx.doi.org/10.1016/j.jhin.2016.01.011

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