



The objective of this retrospective study was to evaluate the risk factors for recurrent CLABSI in reinserted catheters in a pediatric intensive care unit” İşgüder et al (2017).

Abstract:

Background/aim: It is recommended that a central venous catheter (CVC) be removed if central line-associated bloodstream infection (CLABSI) has been diagnosed. The objective of this retrospective study was to evaluate the risk factors for recurrent CLABSI in reinserted catheters in a pediatric intensive care unit.

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Materials and methods: Patients with recurrent and nonrecurrent CLABSI were compared in terms of the catheter exchange interval, the interval between negative blood culture and reinsertion of the CVC, and the pre-/reinsertion treatment duration.

Results: Thirty-one patients with initial CLABSI had reinserted CVCs, and 12 (38.7%) of these patients were diagnosed with recurrent CLABSI. In the recurrent group, the catheter exchange interval, the interval between negative blood culture and reinsertion of the second CVC, and pre-/reinsertion treatment duration were found to be shorter. Logistic regression

analysis revealed that if the interval between negative blood culture and reinsertion of the second CVC was shorter than 4 days, recurrent CLABSI risk increased by 1.7-fold ($P = 0.021$). Sterile gauze-dressed patients had shorter cumulative catheter surveys than the polyurethane-dressed patients ($P = 0.005$).

Conclusion: Using transparent polyurethane dressings instead of sterile gauze for maintaining the CVC and delaying the reinsertion procedure for at least 4 days after the negative culture might be helpful in preventing recurrent CLABSI.

Reference:

İşgüder, R., Devrim, İ., Ceylan, G., Kara, A., Gülfidan, G. and Ağin, H. (2017) Risk factors for recurrent central line-associated bloodstream infections in a pediatric intensive care unit. Turkish Journal of Medical Sciences. 47(4), p.1128-1136.

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