



Placement of CHG products at the bedside will improve patient safety and quality of care by reducing the incidence of inaccurate diagnosis and treatment based on false-positive blood cultures” Ryan (2017).

Abstract:

Introduction: Blood cultures are critical values for identifying the source of an infection in patients seeking medical treatment for an acute illness. False-positive cultures can negatively influence patient care when physicians use inaccurate information to prescribe treatment. Inaccurate prescribed treatment negatively influences the quality of patient care related to prolonged medical treatment and hospital stay and unnecessary repetition of diagnostic tests.

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Purpose: The purpose of this project was to determine if blood culture contamination rates would be decreased if improved availability of CHG products was provided in all emergency department patient care areas would reduce the contamination rates of blood cultures.

Methodology: The Theory of Planned Behavior provided the theoretical framework for this



descriptive correlational project to examine barriers to following the procedural guidelines to cleanse venipuncture sites with a chlorhexidine gluconate (CHG) product before venipuncture. Alcohol preparation pads were removed from the emergency department and a CHG product packaged similar to the alcohol preparation pads was placed in the department procedure trays and bedside carts.

Results: During the first 2 weeks of the pilot project, blood culture contamination rates were reduced from 4.5% to 1.5%. The following month, rates remained low at 1.9%.

Conclusion: Placement of CHG products at the bedside will improve patient safety and quality of care by reducing the incidence of inaccurate diagnosis and treatment based on false-positive blood cultures.

Reference:

Ryan, C. (2017) Implementation of the Theory of Planned Behavior to Promote Compliance with a Chlorhexidine Gluconate Protocol. *The Journal of the Association for Vascular Access*. 22(2), p.64-70.

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