

PREVENTION OF INTRAVASCULAR CATHETER RELATED INFECTIONS

According to the CDC the cost of these infections is substantial, both in terms of morbidity and financial resources expended. Government laws linking patient outcomes to healthcare provider reimbursement have increased the need to eliminate these infections. It's the nurse who provides care at the bedside who has the ability to directly impact infection prevention, resulting in positive patient outcomes.

Guidelines for the Prevention of Intravascular Catheter Related Infections

Educate staff regarding

1. Proper procedures for maintenance and flushing protocols for intravascular catheters.
2. Appropriate infection control measures to prevent catheter related infections.
3. Periodically assess knowledge of and adherence to guidelines for all staff members involved in the maintenance and flushing of intravascular catheters.

Catheters and Sites

1. Remove peripheral venous catheters if resident develops signs of phlebitis, infection or a malfunctioning catheter.
2. Promptly remove any intravascular catheter that is no longer essential.

Hand Hygiene

1. Perform hand hygiene either by washing hands with soap and water or alcohol based hand gel. (See When to perform hand hygiene).

Catheter Site Dressing Regimen

1. Maintain aseptic technique for insertion and care of intravascular catheters.
2. Wear sterile gloves when changing the dressing on intravascular catheters
3. Replace catheter site dressing if the dressing becomes damp, loosened or visibly soiled.
4. Replace dressings on midlines, PICC's and percutaneous catheters every 7 days for transparent dressings.
5. If using gauze under transparent dressing, change every two days.
6. Do not submerge the catheter or catheter site in water.
7. Change needleless connectors every seven days with dressing change or after blood draw performed.
8. Scrub the needleless hub with appropriate antiseptic and access the port with sterile devices.

When to perform hand hygiene (Alcohol-based vs. Handwashing)

Alcohol-based product

- After contact with body fluids, excretions, mucous membranes, nonintact skin, or wound dressings as long as hands aren't visibly soiled.
- After contact with a resident's intact skin (after taking BP, pulse or lifting a resident).
- During care, when moving from a contaminated body site to a clean body site.
- After contact with inanimate objects in the resident's immediate vicinity.
- Before caring for residents with severe neutropenia or other form of severe immune suppression.
- Before inserting urinary catheters or other devices that don't require a surgical procedure.
- After removing gloves.

Soap and water

- When hands are visibly dirty or contaminated.
- When resident has active C-difficile.
- When health care workers don't tolerate waterless alcohol products.