

CLABSI REVIEW

BEST PRACTICES	
<u>PRIOR TO INSERTION</u>	<ul style="list-style-type: none"> Avoid femoral site as 1st choice Consult Vascular Access Device (VAD) Table for guidance on device selection Sterile tray should be placed on a clean procedure table ALL line insertions MUST have an independent observer present to monitor for breaches in sterile technique. This is usually the patient's nurse and cannot be the Provider assisting with the procedure Perform timeout Perform appropriate hand hygiene SKIN PREP: 30 second timed patient skin prep with Chloraprep Perform hand hygiene immediately prior to putting on sterile gowns and gloves Don appropriate PPE prior to draping patient
<u>DURING INSERTION</u>	<ul style="list-style-type: none"> Maintain strict aseptic technique Immediately notify Provider of breaches in sterile technique. Stop procedure and re-establish sterility Observer should document adherence to best practices in real time Switch Providers after 3 unsuccessful attempts Chlorhexidine dressing should be applied at exit site Central line dressing should be intact and dated.
<u>MAINTENANCE</u>	<ul style="list-style-type: none"> KNOW YOUR LINES – discuss need for central line DAILY and remove when no longer medically necessary Change dressings: every 7 days for CHG transparent dressings, every 48 hours for gauze dressings, or when saturated or peeling Keep dressing clean, dry and intact Use alcohol caps on all infusible ports and access ports Use red end caps for all male luer connectors Scrub access ports with alcohol x 15 seconds immediately prior to each subsequent access Utilize pulsatile flushing procedure Daily CHG bath or shower



- Collect blood from peripheral sites for culture. Do not routinely draw blood cultures from central lines
 - If absolutely necessary, Physician order is required
- HD catheters can **ONLY** be accessed by specifically trained staff for HD and CVVH
- Central Lines placed emergently with compromised technique need to be changed **within 24 hrs**
- Attend a Root Cause Analysis (RCA) when invited

MRSA DECOLONIZATION REVIEW

Decolonization is not intended for the removal of contact precautions

WHY DECOLONIZE?
 Many patients colonized with MRSA develop an infection with the same bacteria while hospitalized. One way to help our patients stay healthy is to reduce the amount of MRSA bacteria on their skin and in their nose. *This is accomplished by bathing with CHG and applying nasal mupirocin*

FOR MORE INFORMATION ON INFECTION PREVENTION RESOURCES and EDUCATION



click on **"INFECTION PREVENTION"** under the **Patient Care Quick Links** on The **UMMC Insider homepage**

