



**Guideline for the Prevention of Intravascular Catheter-Related Bloodstream Infections
Final Issue Review
May 17, 2010**

HICPAC Action	Suggested Revision (HICPAC or Public Comment)	Original Text (Federal Register Version)	Authors' Revised Text
Section: Catheter Site Dressing Regimens			
Review revised text, category and evidence review.	<ol style="list-style-type: none"> 1. Consider increasing recommendation for chlorhexidine-impregnated sponge dressing to IA. (<i>see Penn review of evidence</i>) 2. Amend conditional language and to split recommendation into 2 parts, one recommendation for chlorhexidine sponge and one for chlorhexidine dressing since the amount of evidence of each differs. HICPAC suggested to make CG dressing an unresolved issue. 3. Modify conditional language to note CA-BSI rate reduction not CR-BRI. 	Use a chlorhexidine-impregnated sponge dressing for temporary short-term catheters in patients older than 2 months of age, if the CRBSI rate is higher than the institutional goal, despite adherence to basic CRBSI prevention measures, including education and training, use of chlorhexidine for skin antisepsis, and MSB. Category IB	Use a chlorhexidine-impregnated sponge dressing for temporary short-term catheters in patients older than 2 months of age, if the CABSBI rate has not been substantially reduced, despite adherence to basic prevention measures, including education and training, use of chlorhexidine for skin antisepsis, and MSB. Category IB
Review revised text.	Timing of dressing changes: <ol style="list-style-type: none"> 1. Consider splitting gauze from transparent dressings. 2. For gauze dressing, is there data to support the 2 day recommendation -- Consider change to a II 	Replace dressings used on short-term CVC sites every 2 days for gauze dressings and at least every 7 days for transparent dressings, except in those pediatric patients in which the risk for dislodging the catheter may outweigh the benefit of changing the dressing. Category IB	Replace dressings used on short-term CVC sites every 2 days for gauze dressings Category II Replace dressings used on short-term CVC sites at least every 7 days for transparent





			dressings, except in those pediatric patients in which the risk for dislodging the catheter may outweigh the benefit of changing the dressing. Category IB
Section: Needleless Intravascular Catheter Systems			
Review revised text and evidence review.	Concern is that a general recommendation against ALL mechanical valve needleless connectors is “unwarranted”. In addition, there are large differences between these devices that would seem to argue against general recommendation against mechanical valve needleless connectors (<i>See Penn Evidence Review</i>)	When needleless systems are used, the split septum valve is preferred over the mechanical valve due to increased risk of infection. Category II	When needleless systems are used, a split septum valve may be preferred over a mechanical valve due to increased risk of infection with some mechanical valves. Category II
Review revised text	Avoid saying chlorhexidine is preferred. IA is for hub cleaning not based on which antiseptic. Consider using stronger word like “scrub” instead of “wipe” to indicate more rigorous process is needed.	Minimize contamination risk by wiping the access port with an appropriate antiseptic (chlorhexidine preferred) and accessing the port only with sterile devices. Category IA	Minimize contamination risk by scrubbing the access port with an appropriate antiseptic (chlorhexidine, povidone iodine, an iodophor, or 70% alcohol) and accessing the port only with sterile devices. Category IA





Section: Recommendations for Central Venous Catheters

<p>Review revised text. Split into 2 recommendations.</p>	<p>Modify language to say femoral site should be avoided rather than subclavian site used preferentially for nontunneled CVCs in adults</p>	<p>Use a subclavian site, rather than a jugular or a femoral site, in adult patients to minimize infection risk for nontunneled CVC placement. Category IA</p>	<p>Avoid using the femoral vein for central venous access in adult patients. Category IA</p> <p>Use a subclavian site, rather than a jugular, in adult patients to minimize infection risk for nontunneled CVC placement. Category IB</p>
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Section: Skin Preparation

<p>Review revised text and evidence review.</p>	<p>Public Comment: 1) Consider lower concentrations of chlorhexidine (0.5%) with alcohol as alternatives for skin antisepsis for CVC maintenance and insertion. (<i>See Penn evidence</i>) 2) Recommend only alcohol-based chlorhexidine preparation for skin antisepsis surrounding CVC insertion and maintenance HICPAC: Suggested revision “Prepare clean site with a CG-based preparation of 2% or higher...”</p>	<p>Prepare clean skin site with a 2% chlorhexidine-based preparation before central venous catheter insertion and during dressing changes. If there is a contraindication to chlorhexidine, tincture of iodine, an iodophor, or 70% alcohol can be used as alternatives [140, 141]. Category IA</p>	<p>Prepare clean skin with a > 0.5% chlorhexidine-based preparation before central venous catheter insertion and during dressing changes. If there is a contraindication to chlorhexidine, tincture of iodine, an iodophor, or 70% alcohol can be used as alternatives. Category IA</p>
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Section: Maximal Sterile Barrier Precautions

<p>Review author decision.</p>	<p>At November meeting, HICPAC voted to replace “a large sterile full-body drape” with “a large drape, such as a half-sheet” because literature did not specify size of drape. Authors choose not to make</p>	<p>Use maximal sterile barrier precautions, including the use of a cap, mask, sterile gown, sterile gloves, and a sterile full-body drape for insertion of CVCs, PICCs, or guidewire exchange.</p>	<p>No change</p>
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	<p>change because this has been standard practice and although not specified in literature, those familiar with studies note that full-body drape was used. Also concern about specifying a drape size without evidence.</p>	<p>Category IB</p>	
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Section: Replacing Administration Sets

<p>Review revised text. Split recommendation into 3 recs.</p>	<p>Specify that it is for continuously used administration sets.</p> <p>Add second recommendation that frequency for changing intermittently used sets is an unresolved issue.</p>	<p>In patients not receiving blood, blood products or lipid emulsions, replace administration sets, including secondary sets and add-on devices, no more frequently than at 96-hour intervals, but at least every 7 days. Category IA</p>	<p>In patients not receiving blood, blood products or lipid fat emulsions, replace administration sets that are continuously used, including secondary sets and add-on devices, no more frequently than at 96-hour intervals, but at least every 7 days. Category IA</p> <p>The frequency for replacing intermittently used administration sets is an unresolved issue.</p> <p>The frequency for replacing needles to access implantable ports is an unresolved issue.</p>
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Section: Replacement of Peripheral and Midline Catheters

Review revised text. Split into 2 recs.	Suggestion that some evidence has found no difference in rates of phlebitis and failure when use 2 different strategies (planned removal vs. as needed removal). Authors changed recommendation to reflect that they should be replaced no more frequently than 72-96hrs and added language to reflect that changing peripheral IVs on an “as needed” basis is unresolved.	Replace peripheral catheters every 72-96 hours to reduce risk of infection and phlebitis in adults. Category IB	Replace peripheral catheters no more frequently than 72-96 hours to reduce risk of infection and phlebitis in adults. Category IB Replacing peripheral catheters in adults only when clinically indicated. Unresolved issue.
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Section: Catheter Securement Devices

Review revised text.	Public Comment: Catheter securement devices should be recommended for all catheters. HICPAC: Suggested sub-bullet to emphasize that evidence to support extending securement devices to other catheter types is currently lacking	Use a sutureless securement device to reduce the risk of infection for PICCs. Category II	Use a sutureless securement device to reduce the risk of infection for intravascular catheters. Category II
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