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Document Title:	HOSPITAL ACQUIRED INFECTIONS PREVENTION FOR CENTRAL LINE ASSOCIATED BLOOD STREAMS INFECTION AND BUNDLE OF CARE

PURPOSE:

- To practice aseptic technique and maximal barrier during insertion and when giving care to patients with central Lines while maintaining the patency of the site.
- To monitor and prevent pathogens from entering the patients central lines that may lead to bloodstream infections.

SCOPE:

Applies to all Infection Prevention and Control Unit staff of Dr. Pablo O. Torre Memorial Hospital

PERSON RESPONSIBLE:

Nurse Infection Prevention and Control Unit Nurse/Staff

GENERAL GUIDELINES:

- 1. For the purpose of this document the following terms are defined as follows:
 - 1.1. Central Line- also known as a central venous catheter (CVC) is a catheter (tube) that doctors often place in a large vein in the neck, chest, or groin to give medication or fluids or to collect blood for medical tests. Central lines access a major vein that is close to the heart and can remain in place for weeks or months and be much more likely to cause serious infection.
 - 1.2. Central Lines-Associated Bloodstream Infections (CLABSI)- defined as a serious infection that occurs when pathogen from a blood culture (a single blood culture for organism not commonly present on the skin, and two or more blood cultures for organism commonly present on the skin) in a patient who had central line at the time of infection or within 48 hours before development of infection. The infection cannot be related to any



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other infection the patient might have and must not have been present or incubating when the patient was admitted to the facility. In the case of tunneled catheters, the accepted definitions for exit site and tunnel infections are as follows:

- a) Exit site infection: Signs of inflammation confined to an area (typically < 2 cm) surrounding the catheter exit site and the presence of exudate that proves to be culture positive.
- b) **Tunnel infection:** Inflammation extending beyond 2 cm from exit site (along with the track or cephalad towards the vein entry site or extending beyond the cuff), typically associated with pain and tenderness along the subcutaneous track and culture-positive exudate at the exit site that may not be seen unless expressed by palpation.
- 2. Perform hand hygiene, either by washing hands with conventional soap and water or with alcohol-based hand rubs (ABHR). It shall be performed before and after palpating catheter insertion sites as well as before and after inserting, replacing, accessing, repairing, or dressing an intravascular catheter. Palpation of the insertion site shall not be performed after the application of antiseptic, unless aseptic technique is maintained.
- 3. Maintain aseptic technique for the insertion and care of intravascular catheters.
- 4. Use maximal sterile barrier precautions during insertion practices to prevent infection when the central line is placed, including the use of a cap, mask, sterile gown, sterile gloves, and a sterile large drape, for the insertion of CVCs, PICCs, or guidewire exchange.
- 5. Use either sterile gauze, transparent, semipermeable dressing to cover the catheter site. If the patient is diaphoretic or if the site is bleeding or oozing, use a gauze dressing until this is resolved.
- Do not use topical antibiotic ointment or creams on insertion sites, except for dialysis catheters, because of their potential to promote fungal infections and antimicrobial resistance.

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- 7. The nurse on duty must inspect the exit site at the beginning and at the end of the shift for the presence of erythema, redness, swelling, tenderness or secretions if transparent dressing is used. Replace catheter site dressing if the dressing becomes damp, loosened, or visibly soiled and may call the hemodialysis unit or wound care center for dressing change if the nurse is in-charge is not trained.
- 8. 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.
- 9. Monitor the catheter sites visually when changing the dressing or by palpation through an intact dressing on a regular basis, depending on the clinical situation of the individual patient. If patients have tenderness at the insertion site, fever without obvious source, or other manifestations suggesting local or bloodstream infection, the dressing shall be removed to allow thorough examination of the site.
- 10. Encourage patients to report any changes in their catheter site or any new discomfort to their provider.
- 11. The Infection Prevention and Control Unit Nurse may randomly visit the patient's room with CVC and conduct an audit to prevent CLABSI and may recommend dressing change if necessary upon assessment.
- 12. The Infection Prevention and Control Unit nurse shall make an audit report and copy furnish the audited station and the total quality division. The IPCU nurse must conduct bundle of care teachings to the nurse in-charge to prevent possible bloodstream infections.

PROCEDURE:

1. The nurse must inspect and palpate the Central venous catheter at the beginning and before the end of their respective shift for assessment purposes when transparent dressing is used.



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- 2. The Infection Prevention and Control Unit Staff may randomly visit the patient's room to conduct CLABSI prevention.
- 3. The IPCU Nurse may recommend dressing replacement to the nurse in-charge if the dressing becomes damp, loosened, or visibly soiled.
- 4. The nurse in-charge will call the wound care center between office hours for dressing change or the hemodialysis unit to facilitate dressing change of the patient's CVC site if the nurse in-charge is not trained.
- 5. The IPCU Nurse will conduct health education to the nurse in-charge and the patient regarding the bundle of care in patients with CVC.

REFERENCE:

CDC HAIs - Central Line-associated Bloodstream Infections: Resources for Patients and Healthcare Providers

https://www.cdc.gov/hai/bsi/clabsi-resources.html

CDC – Maintenance and Removal of Central Venous Catheters https://www.cdc.gov/infectioncontrol/pdf/strive/CLABSI104-508.pdf

CDC - Central Line Associated Blood Stream Infections https://www.cdc.gov/infectioncontrol/guidelines/BSI/index.html

National Library of Medicine

https://www.ncbi.nlm.nih.gov/books/NBK430891/#:~:text=CLABSI%20%2D%20Centers %20for%20Disease%20Control,organism%20commonly%20present%20on%20th



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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	APRIL ROSE N. BERJIT, RN, MN Infection Prevention and Control Unit Nurse	AMARINT	7/20/2022
Verified:	ARVI JOHN A. VILLANUEVA, RN OIC, Infection Prevention and Control Unit Supervisor	Zogstan	7/20/20U
vermed.	DOLORES ROMMELA T. RUIZ, MD, FPSMID Interim-Chair, Infection Prevention and Control Unit	of Sens	7 /21/2025
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor	2	Terkon
Recommending	FREDERIC IVAN L. TING, MD OIC- Total Quality Division	3	7/25/20
Approval:	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President- Chief Medical Officer	many	7.27-W
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO		11/11/22



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FLOWCHART START Inspects and palpates the Central venous catheter at the beginning and before the end of their respective shift for assessment purposes when transparent dressing is used Randomly visit the patient's room to conduct CLABSI prevention Recommends dressing replacement to the nurse in-charge if the dressing becomes damp, loosened, or visibly soiled Calls the Wound Care Center between office hours for dressing change or the Hemodialysis Unit to facilitate dressing change of the patient's CVC site if the nurse in-charge is not trained Conducts health education to the nurse incharge and the patient regarding the bundle of care in patients with CVC **END**



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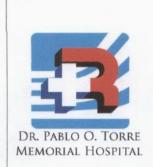
APPROVAL:

	Name/Title	Signature	Date
Prepared by:	APRIL ROSE N. BERJIT, RN, MN Infection Prevention and Control Unit Nurse	(AMANSI'E	7/82/2029
X7	ARVI JOHN A. VILLANUEVA, RN OIC, Infection Prevention and Control Unit Supervisor	3 thyar	2/20/2022
Verified:	DOLORES ROMMELA T. RUIZ, MD, FPSMID Interim-Chair, Infection Prevention and Control Unit	Dut	7/21/202
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor	2	03 larkone
Recommending	FREDERIC IVAN L. TING, MD OIC- Total Quality Division	B	7/25/2
Approval:	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President- Chief Medical Officer	man	7.27.7
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO	1	



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	KEY TASKS	PERSON RESPONSIBLE	
1.	Inspects and palpates the Central venous catheter at the beginning and before the end of their respective shift for assessment purposes when transparent dressing is used	Nurse	
2.	Visit the patient's room randomly to conduct CLABSI prevention	IPCU Nurse/ Staff	
3.	Recommends dressing replacement to the nurse in- charge if the dressing becomes damp, loosened, or visibly soiled	IPCU Nurse/ Staff	
4.	Calls the Wound Care Center between office hours for dressing change or the Hemodialysis Unit to facilitate dressing change of the patient's CVC site if the nurse in-charge is not trained	Nurse in-charge	
5.	Conducts health education to the nurse in-charge and the patient regarding the bundle of care in patients with CVC	IPCU Nurse	



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APPROVAL:

	Name/Title	Signature	Date
Prepared by:	APRIL ROSE N. BERJIT, RN, MN Infection Prevention and Control Unit Nurse	AMERODIE	7/20/1011
V:C1.	ARVI JOHN A. VILLANUEVA, RN OIC, Infection Prevention and Control Unit Supervisor	Jatham	The how
Verified:	DOLORES ROMMELA T. RUIZ, MD, FPSMID Interim-Chair, Infection Prevention and Control Unit	Auty	7/21/2013
Reviewed:	DENNIS C. ESCALONA, MN, FPCHA, FPSQua Quality Assurance Supervisor	2	07/20/2012
Recommending	FREDERIC IVAN L. TING, MD OIC- Total Quality Division	B	7/25/2
Approval:	MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA Vice President- Chief Medical Officer	man	7-27.w
Approved:	GENESIS GOLDI D. GOLINGAN President and CEO	-	11/11/22