



What the Experts Say

Antiseptic Bathing with CHG & Infection Prevention

RECOMMENDATIONS

SHEA/IDSA Compendium: BSI Prevention

“Bathe ICU patients older than 2 months of age with a Chlorhexidine preparation on a daily basis.”

Marschall, Jonas MD, et al. Strategies to Prevent Central Line-Associated Bloodstream Infections in Acute Care Hospitals. Infection Control and Hospital Epidemiology. October 2008, Vol. 29, Supplement 1, Page S-25.

SHEA/IDSA Compendium: MRSA Prevention

“Use Chlorhexidine rather than regular soap and water or other non-medicated cleansing regimens for routine patient cleansing.”

Calfee, David MD, et al. Strategies to Prevent Transmission of MRSA in Acute Care Hospitals. Infection Control and Hospital Epidemiology. October 2008, Vol. 29, Supplement 1, Page S-73.

IHI – Reducing MRSA Infection

“Eradication of colonization in patientsmay be attempted using nasal mupirocin and Chlorhexidine Gluconate body washes. However, broad use of mupirocin is discouraged...”

Institute for Healthcare Improvement: Reducing MRSA Infection: How To Guide (Protecting 5 Million Lives From Harm) Page 31.

INFECTION COSTS

Attributable Effects of Bloodstream Infections

Additional Costs: \$18,432 (\$3,592 - \$34,410)
Excess Length of Stay: 12 days (4.5 – 19.6)

Yokoe, Deborah S. MD, MS, et al. Improving Patient Safety Through Infection Control: A New Healthcare Imperative. Infection Control and Hospital Epidemiology. October 2008, Vol. 29, Supplement 1, Page S-8.

MRSA Costs

MRSA Colonization: \$1,634
MRSA Infection: up to \$35,000

Ontario Ministry of Health and Long-Term Care: Provincial Infectious Diseases Advisory Committee (PIDAC) Best Practices for Infection Prevention and Control of Resistant Staphylococcus aureus and Enterococci. Pages 17-18.

BLOOD STREAM INFECTION #1 RISK FACTOR

“A central venous catheter (CVC) associated blood stream infection (BSI) is caused by a patient’s own skin flora contaminating the catheter at the time of insertion, by the migration of microbes from the patient’s skin to the catheter tip, or by the manipulation of catheter hubs by healthcare workers whose hands are contaminated.”

Popovich, Kyle, MD, Hota, Bala MD, MPH, et al. (2009, October). Effectiveness of Routine Patient Cleansing with Chlorhexidine Gluconate for Infection Prevention in the Medical Intensive Care Unit. Infection Control and Hospital Epidemiology, 30(10).

CHG BATHING OUTCOMES

“We found that bathing MICU patients with disposable cloths saturated with 2% Chlorhexidine reduced the microbial density of VRE on patients’ skin, environmental surfaces, and healthcare workers’ hands and was associated with decreased VRE acquisition.” “The incidence of VRE acquisition decreased from 26 colonizations per 1000 patient-days to 9 per 1000 patient days.”

Vernon, Michael O. DrPH, et al. Chlorhexidine Gluconate to Cleanse Patients in a Medical Intensive Care Unit. Archives of Internal Medicine. February 13, 2006, Vol. 166, Pages 306, 310.

“There were 19 cases of CVC-associated BSI during the soap-water period and 2 during the CHG period.” (89% reduction)

Popovich, Kyle, MD, Hota, Bala, MD, MPH, et al. (2009, October). Effectiveness of Routine Patient Cleansing with Chlorhexidine Gluconate for Infection Prevention in the Medical Intensive Care Unit. Infection Control and Hospital Epidemiology, 30(10).

“Patients in the CHG intervention arm were significantly less likely to acquire a primary BSI (4.1 vs 10.4) infections per 1000 patient days” (61% Reduction)

Bleasdale, Susan MD et al. Effectiveness of Chlorhexidine Bathing to Reduce Catheter-Associated Bloodstream Infections in Medical Intensive Care Unit Patients. Archives of Internal Medicine. October 22, 2007, Vol. 167, Page 2073.