

PROFESSION

CDC issues guidance on preventing bloodstream infections

Despite improvements, more than 75,000 catheter-related infections occur each year.

By **KEVIN B. O'REILLY**, *amednews* staff. *Posted April 19, 2011.*

Health officials have updated their recommendations on preventing catheter-related bloodstream infections in light of successful efforts that helped cut the national rate of central-line infections in intensive care units by 58% between 2001 and 2009.

The new guidelines, which replace prevention protocols issued in 2002, were released in April by the Centers for Disease Control and Prevention's Healthcare Infection Control Practices Advisory Committee (www.cdc.gov/hicpac/pdf/guidelines/bsi-guidelines-2011.pdf).

There are still more than 75,000 bloodstream infections a year among hospital patients, including those in the ICU, and patients on dialysis. As many as 25% of infected patients die, according to a CDC study released March 1 and published in the March 4 *Morbidity and Mortality Weekly Report* (www.cdc.gov/mmwr/preview/mmwrhtml/mm6008a4.htm).

Among the recommended infection-prevention measures, the new guidance calls for:

- Educating health professionals about when to use catheters, how to insert them and what infection-control measures to take when doing so.
- Designating trained, competent professionals to insert and maintain peripheral and central vascular catheters.
- Avoiding the femoral vein for central venous access in adult patients.
- Using a fistula instead of a central venous catheter in dialysis patients with chronic renal failure.
- Promptly removing any intravascular catheter that is no longer essential.
- Cleaning patients' skin with a chlorhexidine preparation with alcohol before inserting a central venous catheter.

"Catheter-related bloodstream infections -- like many infections in health care -- are now seen as largely preventable," said Naomi O'Grady, MD, lead author of the guidelines report and medical director of procedures, vascular access and conscious sedation services at the National Institutes of Health Clinical Center Critical Care Medicine Dept. "Implementation of these critical infection-control guidelines is an important benchmark of health care quality and patient safety."

In 2006, a statewide program in Michigan cut ICU central-line infections by two-thirds. A \$5.8 million federal grant is funding an initiative to spread this checklist-driven approach to other hospitals around the country.

A summary of the CDC guidelines was published in the May issue of *Clinical Infectious Diseases* (www.ncbi.nlm.nih.gov/pubmed/21467014/). It also will be included in a forthcoming supplement to the *American Journal of Infection Control*.

In January, hospitals were required to begin reporting their ICU central-line infections to the federal government or risk losing 2% in Medicare pay. The data will be released this year on the government's Hospital Compare website (www.hospitalcompare.hhs.gov/).

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