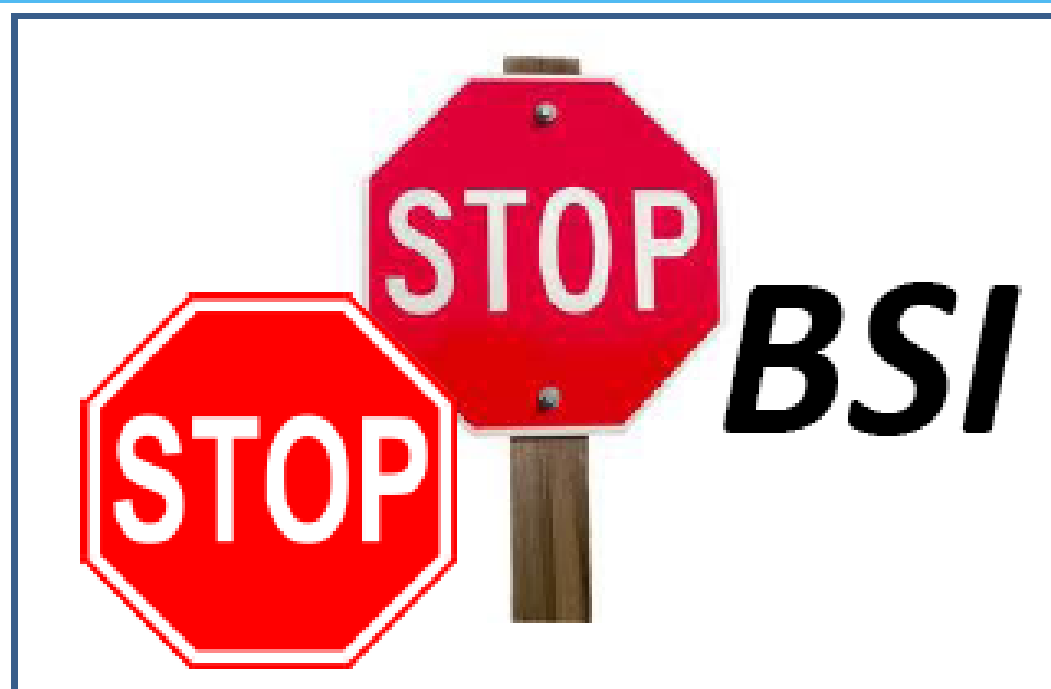


UCLA HEALTH SYSTEM



A system-wide initiative to STOP central line-associated bloodstream infections

UCLA

Health System

SCREEN THE INDICATION

Is this CVC properly indicated?

- Continued hemodynamic instability/monitoring
- Fluid resuscitation
- Long-term IV antibiotics (>14 days)
- Total parenteral nutrition (TPN)
- Chemotherapy
- Poor IV access
- Other long-term IV treatment or medication that has no oral equivalent
- Medications which cannot be safely given through peripheral IV access



BUNDLE UP!

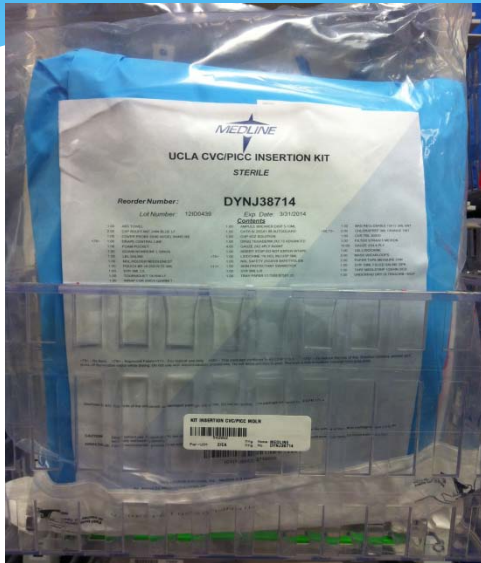
Follow the bundle when inserting CVCs.



Document bundle compliance using eCLIP.

Central Venous Catheter Line Insertion Checklist (CLIP)			
Patient Name:	<input type="text"/>	MRN:	<input type="text"/>
Unit/Service Area:	<input type="text"/>	Date/Time Inserted:	<input type="text"/>
Form Completed By:	<input type="text"/>	Birth Weight:	<input type="text"/> (g) - NICU only
Line Inserted By:	<input type="text"/>	Was inserter a member of a PICC/IV Team?	<input type="checkbox"/>
Reason for Insertion: (check all that apply)			
<input type="checkbox"/> New Indication for Central Line	<input type="checkbox"/> Suspected Central Line-Associated Infe		
<input type="checkbox"/> Replace Malfunctioning Central Line	<input type="checkbox"/> Other:		
Insertion Site:	<input type="text"/>	Unit/Area Where Line Was Inserted:	<input type="text"/>
Inserter performed hand hygiene prior to central line insertion? <input type="checkbox"/>			
Maximal Sterile Barrier Precautions Used: (check all that apply)			
<input type="checkbox"/> Mask	<input type="checkbox"/> Sterile Gown	<input type="checkbox"/> Cap	
<input type="checkbox"/> Large Sterile Draped	<input type="checkbox"/> Sterile Gloves		

TOOLS OF THE TRADE



MAX BARRIER KIT

Contains everything needed to insert a central line with the exception of sterile gloves and the CVC. Should be paired with CVC trays that do not have full sterile barriers in them.

ULTRASOUND

Using ultrasound guidance for central line placement decreases risk of complications.



DOCUMENTATION

eCLIP

Contains all the bundle elements. To be used at the time of insertion to record compliance with the bundle. Also, a tool to speak up!

Central Venous Catheter Line Insertion Checklist (CLIP)

Patient Name: MRN:

Unit/Service Area: Date/Time Inserted:

Form Completed By: Birth Weight: (g) - NICU only

Line Inserted By: Was inserter a member of a PICC/IV Team?

Reason for Insertion: *(check all that apply)*

New Indication for Central Line Suspected Central Line-Associated Infection

Replace Malfunctioning Central Line Other:

Insertion Site: Unit/Area Where Line Was Inserted:

Inserter performed hand hygiene prior to central line insertion?

Maximal Sterile Barrier Precautions Used: *(check all that apply)*

Mask Sterile Gown Cap

Large Sterile Draped Sterile Gloves

Your Role During CVC INSERTION



PROTECT THE PATIENT.

- Observe the procedure.
- HELP the inserter follow the bundle.
- SPEAK UP if you spot a problem.
- CALL A HALT if there is a break in technique!
“The sterile field has been contaminated.”

ACCESSING THE LINE

ACCESSING THE LINE:

VIGOROUSLY **SCRUB THE HUB** FOR AT LEAST 15 SECONDS.

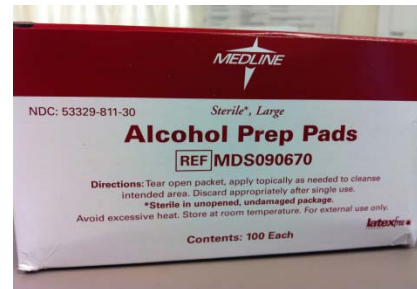


Get the patient or family involved.



Ask them to count to 15!

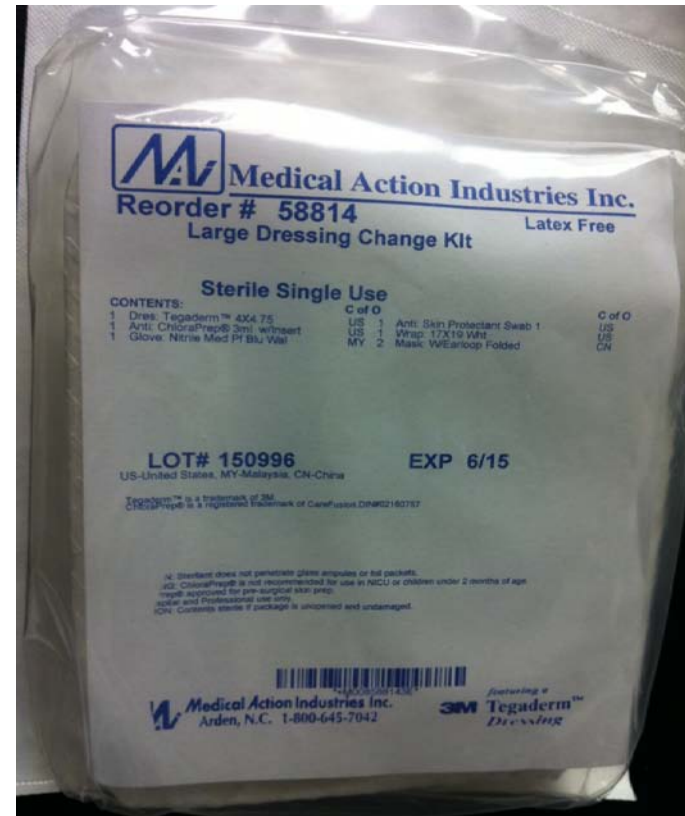
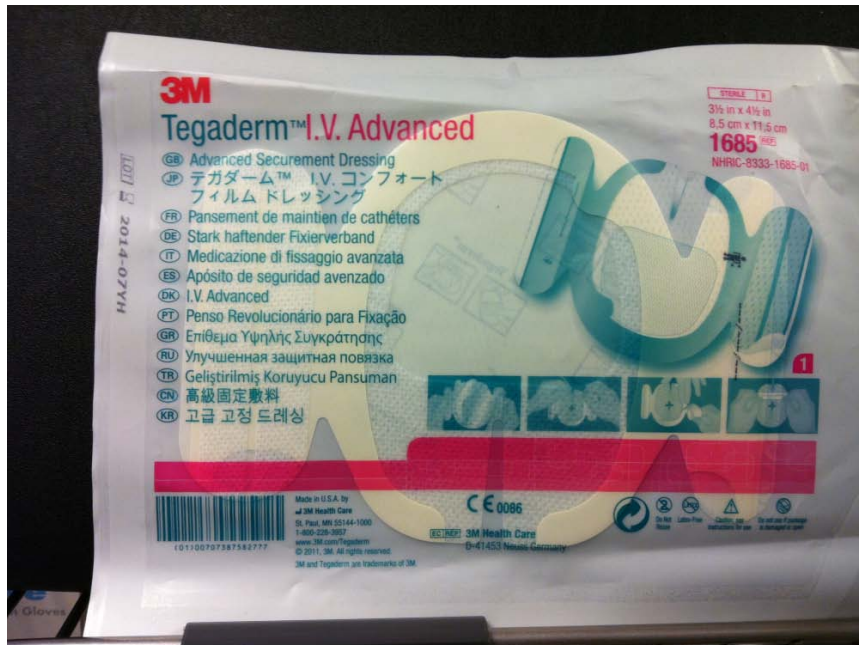
Use alcohol pads or chlorhexidine bullets.



DRESSING CHANGES

CHANGE DRESSINGS METICULOUSLY.

Follow Policy 104. Protocol varies by line type and risk of infection.



SUPPLY DRAWER



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CHG BATHING



All patients with central lines are bathed daily with chlorhexidine gluconate antiseptic wash.

CHG bathing is a well-studied intervention to reduce the risk of infection and horizontal transmission of germs like MRSA.



PATIENT EDUCATION

Patient educational materials on various aspects of central line care are available.

1. CHG Bath Treatment flyer

UCLA Health System

Ronald Reagan UCLA Medical ICU Skin Cleansing

Infection control is always important, and all the more so when you are in the hospital. At UCLA, we take our responsibility to protect you against infection very seriously. You may have some questions about this treatment, and we hope that these answers will help you to understand why we feel this is an important part of your care while you are in the ICU.

What's the treatment like?

You will be bathed every 24 hours while in the ICU with a special solution called *chlorhexidine gluconate*, or CHG. This is to protect you from two dangerous infections that can otherwise be common in the hospital setting: *Methicillin-resistant Staphylococcus aureus* (MRSA) and *Vancomycin-resistant Enterococcus* (VRE). As their names suggest, both of these bacteria have evolved to be resistant to antibiotic medications.

CHG, however, kills MRSA and VRE, and it also is effective against other common causes of infection.



UCLA MEDICAL CENTER, 300 UCLA DRIVE, LOS ANGELES, CA 90095

FAQs about "Catheter-Associated Bloodstream Infections"

What is a catheter-associated bloodstream infection?

A "central line" or "central catheter" is a tube that is placed into a patient's large vein, usually in the neck, chest, arm, or groin. The catheter is often used to draw blood, or give fluids or medications. It may be left in place for several weeks. A bloodstream infection can occur when bacteria or other germs travel down a "central line" and enter the blood. If you develop a catheter-associated bloodstream infection you may become ill with fevers and chills, or the skin around the catheter may become sore and red.

Can a catheter-related bloodstream infection be avoided?

A catheter-associated bloodstream infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if you develop an infection.

What are some of the things that hospitals are doing to prevent catheter-associated bloodstream infections?

To prevent catheter-associated bloodstream infections doctors and nurses will:

- Choose a vein where the catheter can be safely inserted and where the risk for infection is small.
- Clean their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- Wear a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- Clean the patient's skin with an antiseptic cleanser before putting in the catheter.
- Clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications. Healthcare providers also clean their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- Decide every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed.
- Carefully handle medications and fluids that are given through the catheter.

What can I do to help prevent a catheter-associated bloodstream infection?

- Ask your doctors and nurses to explain why you need the catheter and how long you will have it.

- Ask your doctors and nurses if they will be using all of the prevention methods discussed above.
- Make sure that all doctors and nurses caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.

If you do not see your providers clean their hands, please ask them to do so.

- If the bandage comes off or becomes wet or dirty, tell your nurse or doctor immediately.
- Inform your nurse or doctor if the area around your catheter is sore or red.
- Do not let family and friends who visit touch the catheter or the tubing.
- Make sure family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

What do I need to do when I go home from the hospital?

Some patients are sent home from the hospital with a catheter in order to continue their treatment. If you go home with a catheter, your doctors and nurses will explain everything you need to know about taking care of your catheter.

- Make sure you understand how to care for the catheter before leaving the hospital. For example, ask for instructions on showering or bathing with the catheter and how to change the catheter dressing.
- Make sure you know who to contact if you have questions or problems after you get home.
- Make sure you wash your hands with soap and water or an alcohol-based hand rub before handling your catheter.
- Watch for the signs and symptoms of catheter-associated bloodstream infection, such as soreness or redness at the catheter site or fever, and call your healthcare provider immediately if any occur.

If you have additional questions, please ask your doctor or nurse.

UCLA Form #11462 Rev. 09/09

3. UCLA Pt. Education Sheets

UCLA Health System

Patient Education Series: How to Keep Your Central Line Free From Infection

Patient Name: _____
Medical Record: _____
Date of Visit: _____
(Patient Label)

- Your central line will need some care to keep it clean and working. Your nurse will help with this.
- A bloodstream infection can happen when germs travel down the central line and enter the blood. If you become ill with fevers and chills or if the skin around the catheter is sore or red, you may have a central line infection. Call your visiting nurse or doctor right away.

General Care

- Always wash your hands with soap and water for 15 seconds before and after touching the central line. If soap and water is not available, use alcohol-based hand gel supplied by your nurse.
- Shower only. Do not take a bath. Protect the central line from getting wet using a special dressing from your nurse.
- Do not swim or bathe, the central line should never be under water.

Dressing Changes

- If the dressing gets loose or wet, it needs to be changed.
- The nurse will do this or will teach you how to do this using supplies provided to you.

Flushing Central Line

- Flushing will help keep your central line from clotting.
- Never flush the central line unless you have been taught when and how to do it by your nurse.

Good Hand Washing

- Use warm water and lots of soap. Scrub your whole hand, under your nails and between your fingers and up the wrists for at least 15 seconds.
- Rinse and then dry with paper towels.
- Use alcohol-based gels when you don't have water and soap and your hands are not visibly dirty.
- Rub your hands together, cleaning the backs of your hands, palms, between your fingers, and up the wrists until the gel is gone and your hands are dry.

When to Call the Nurse or Doctor

- Tubing that splits or leaks
- Drainage, pus, redness, swelling at the central line insertion site
- Fever of 100.4°F or higher, or shaking and chills
- Medicine or fluids that do not drain from the bag into your central line
- Bulging or bleeding around the central line site
- An increase in length of the exposed central line tubing

The goal is to keep your central line free from infection and in good working order. Make sure you understand how to care for your central line before you go home and who to contact if you have questions or problems.

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Page 1 of 1

LINE NECESSITY



ASK THE QUESTION

Is this line still needed?

What is the indication?

Discuss on rounds.