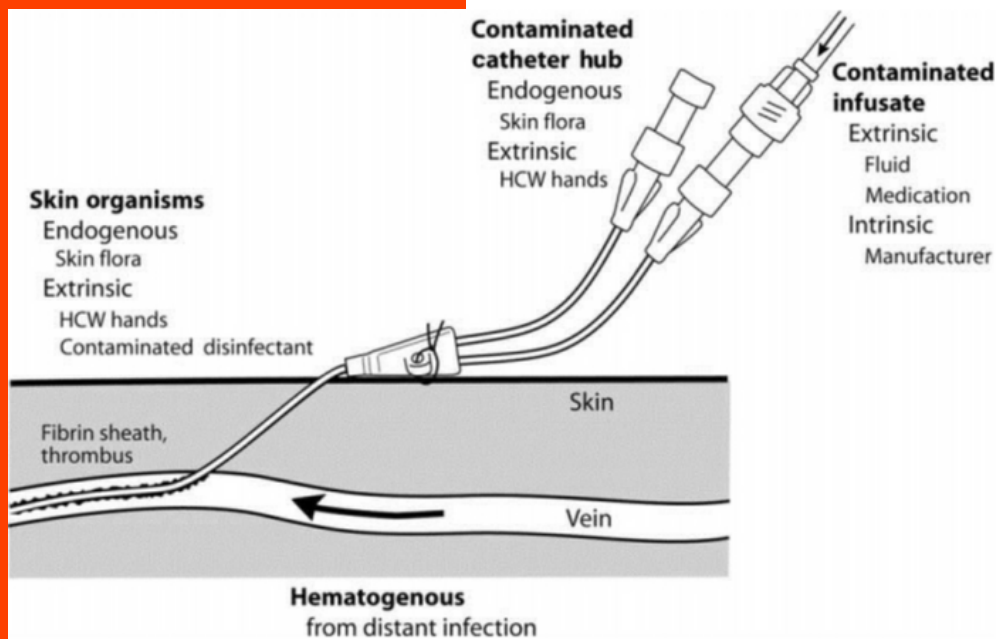


JUNE 30TH, 2021



THIS ISSUE

CLABSI #10
CHG Bathing
Now Trending
Dos and Don'ts

THE SCOOP ON IV TUBING CHANGES

Label all IV tubing with a "day-of-the-week sticker that has the date and time you are hanging the new tubing.

Every 96 hours for:

- Routine meds and IV Fluids
- Cardiac Output Set-Ups
- Pressure Bags and Tubing
- Impella Purge Cassettes and Tubing

Every 12 hours for propofol tubing and bottles.

Every time you change a TPN bag

Every 4hrs for blood products
(Every 24hrs for Albumin)

Never hook up tubing, manifolds, or stopcocks from a previous Central Line or PIV to a new line.

Pro-Tip: set up new tubing, stopcocks, manifolds, IV pumps and channels ahead of time if your patient is on vasoactive drips and you anticipate new line placement.

CLABSI #10 HITS THE CVICU

You read that right. We have acquired the **10th CLABSI of FY21**, making us the leading unit in VUH when it comes to central line infections.

This is the most CLABSI the CVICU has had in recent years and we are determined to get to the bottom of why we are seeing the alarming trend.

Why it matters...

In addition to increasing ICU days for the patients, there are other big implications for our patient population. The last 4 CLABSI have resulted in patients being de-listed from transplant waiting lists and unable to get VADs. One of our patients, who is "O" blood type and over 6ft tall (a difficult organ match) was offered a heart the same morning we discovered his central line infection. He remains on the unit hoping for another shot. I say all of this not to discourage you, but so that we all have the same understanding of why we do "the little things" that don't always seem important in the moment, but can make a BIG difference in whether that patient gets to leave the ICU.

What we are doing based off of what we know...

We are focusing on bedside maintenance because the infections are showing up 4-5 days after the line is placed and the lines were placed in various areas (CCL, OR, CVICU) indicating that, according to the infection prevention team, the infections were not introduced at the time of insertion. Our tactics are based on evidence supported practice, leader input, and feedback from bedside nurses. Additionally, our tactics for stopping CLABSI in the unit are guided by the data and trends we see among those who are getting infected. If you have a CCU patient with Heart Failure and PA catheter, anticipate amplified leader presence to assist with applying best practice (hint, hint).

Please ask questions, offer suggestions, and share your thoughts on how we can work toward stopping Central Line infections!!

CHG BATHING...BUT FOR REAL.

It's come to our attention that CHG bathing might need to be revisited, especially in light of our CLABSI's being attributed to a common microorganism that lives on the skin. Here's the down and *NOT* dirty.

- This has to occur **every 24hrs with the wipes** in the orange packages. The wipes are composed of a CHG soap that is specially formulated to stay on the skin for 24hrs. It's sticky at first for a reason.
- A hibiclens bath with a bar of soap smells great - but doesn't work from an antimicrobial standpoint. The **soap deactivates the CHG** and it doesn't stay on the skin like the wipes do.
- If your patient is **self care** (lots of our CLABSI's have been!!), **educate** them on the importance of the CHG bath with the wipes and how to do it. **Safety trumps privacy** if you are concerned they aren't properly bathing with the CHG wipes.

"Can I show you how to give yourself a CHG bath while you're in the ICU waiting on your transplant?"

- If your patient has a documented allergy that is beyond a slight itch, document contraindicated every day and use soap and water



TRENDING NOW: CVICU NURSES

- **Occlusive dressings!** Great work. We have seen a real improvement of dressings being dated, labeled and occlusive
- **Orange Caps!** Excellent work getting those little guys on your tubing to keep the germs away when you aren't accessing your ports
- **Staff participation in case reviews!!** Shoutout to **Jo Bentsen** and **Koratney Spiedel** for their involvement in recent case reviews. **Daniel Krein** and **Megan Westberry** also contributed excellent feedback for our recent case reviews!!

BLOOD CULTURE COLLECTION

If you receive an order to collect blood from a central line - please elevate this to me, a CSL, SL, Kaela or Kim prior to collecting the sample.

We have seen an uptick of orders to draw from central lines on patients who we would perhaps be able to get a peripheral sample from.

If it's determined you should draw the blood from central access, this should be done as sterily as possible. Take off the clave before drawing the blood to avoid drawing through a dirty or contaminated source.

DO

- Change your cardiac output set-ups every 96hrs
- Scrub-the-hub and change your red caps when drawing SVO2s from your PA
- Change your impella purge cassette every 96hrs
- Ask for help! Nothing we do in the ICU is too small or insignificant to ask for help with.
- Change your pressure bags and tubing every 96hrs
- Label the tubing with a time of "0000" if you aren't sure what time the tubing was changed on another shift

DON'T

- Leave all tubing changes for nightshift if you have an opportunity to change them on dayshift. This is not a strictly nightshift task. All hands on deck (after you wash them)!
- Be afraid to politely speak up if you see someone break sterile field
- Wait to change a CVC dressing if you see it's dirty or falling off
- Forget to give hand sanitizer to your patients too