## CLABSI (Central Line Associated Blood Stream Infection)

Teaching Points for Inpatient RN, LVN

Central Line Care and how nurses can decrease CLABSI

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<th>PROTECTION COMPONENT</th>
<th>HIGHLIGHTS OF THE RATIONALE AND DIRECTIONS</th>
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| **HAND HYGIENE**     | *Rationale:* Removes or destroys disease-producing microorganisms that can cause illness/infection  
                     *Directions:* Water and soap, lather for 15 seconds; hand sanitizer, coat all surfaces of hands and rub for 15 seconds until dry |
| **CHG SKIN PREP**    | *Rationale:* Skin asepsis  
                     *Directions:* Use back and forth strokes for 30 seconds (2 minutes for wet sites); ALLOW TO THOROUGHLY AIR DRY; stabilize yet move the line around in order to adequately scrub the line |
| **NO STING SKIN BARRIER** | *Rationale:* Forms a breathable, transparent coating on the skin designed to protect intact or damaged skin from tape trauma  
                     *Directions:* Apply a uniform coating of film as a frame for where the dressing will go, allow to air dry |
| **STATLOCK CATHETER SECUREMENT** | *Rationale:* Decreased phlebitis, catheter migration & dislodgement; prevents skin flora migration  
                     *Directions:* To apply: prep, press, peel and place; to remove: disengage, use alcohol wipes to dissolve adhesive; change with dressing change |
| **BIOPATCH, CHG impregnated patch** | *Rationale:* Decreases CLABSI rates and line colonization (vascular and epidural catheter exit site colonizations)  
                     *Directions:* Change with dressing and PRN, ensure skin prep is dry, place BioPatch around catheter printed side up, align catheter with radial slit, ensure edges of slit touch |
| **TEGADERM** | *Rationale:* Supports infection prevention by providing a barrier to external contaminants through effective moisture management, firm hold, and gentle release  
                     *Directions:* To apply: gently smooth dressing from center toward edge; do not apply excessive tension as skin shearing may result; change PRN and every 7 days; to remove: lift corner of dressing and stretch away from catheter holding catheter in place; alcohol wipes can help; do not reinforce if integrity is compromised, change the dressing |
| **MICROCLAVE (port/cap)** | *Rationale:* Protect entry into the vascular system  
                     *Directions:* Changed every 96 hours unless signs of blood, precipitate, leaks or cracks are noted or the septum is no longer intact; change the cap with every tubing change |
| **CUROS PORT PROTECTOR** | *Rationale:* Disinfects ports with alcohol; port care needs to be optimized, including consistent and proper disinfection of the hubs  
                     *Directions:* Place curos on port following port access; needs 1 minute to disinfect before use |
| **ALCOHOL PREP PAD** | *Rationale:* Friction and time disinfects the port and hub prior to entry or changing of the port  
                     *Directions:* Anytime a curos in not in place, hub scrub for 15 seconds (adults) and allow to dry |
| **DRESSING CHANGE KITS** | *Rationale:* All supplies available in one package leads to increased compliance and ease of dressing changes  
                     *Directions:* Change PRN and every 7 days; date dressing with the date it was changed |
| **TUBINGS & LABELING** | *Rationale:* Microbial growth increases with time  
                     *Directions:* Change tubing every 96 hours, 24 hours for TPN; label tubing with date and time tubing is due to be changed |
<p>| <strong>FLUSHING</strong> | <em>Rationale:</em> Reduces CLABSI by keeping the line patent; a clot and/or fibrin sheath serves as a nidus for bacterial growth |</p>
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<th><strong>Directions:</strong> Use a 10mL NS syringe every shift, before and after each infusion (if line is locked) and PRN; use 20 mL NS flush after administration of blood, blood products or blood sampling</th>
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| **DECLOTTING**   | **Rationale:** Immediate use of TpA for a sluggish or clotted line opens the line, prevents infection and a delay in intravenous therapies  
| **Directions:**  | RN must complete competency to declot a line                                                                                                                                                     |
| **CHG BATHING**  | **Rationale:** Decreases bio-burden  
| **Directions:**  | Daily bathing by using 1 of the 3 products available; avoid using CHG bathing products in the groin and above the neck                                                                                   |
| **ENVIROMENTAL WIFE DOWNS** | **Rationale:** To decrease the bio-burden in patient rooms and possible transmission out of the room and into the unit  
| **Directions:**  | Clean the unit twice a day (computers, counters, door knobs, railing, etc.)                                                                                                                         |
| **MAXIMUM BARRIER PRECAUTIONS** | **Rationale:** Maximize protection against infection introduced on insertion  
| **Directions:**  | Providers and any personnel assisting with insertion must adhere to full barrier precautions including full patient drape and the use of PPE (gown, bonnet, gloves and mask); all personnel within 6 feet of the procedure will don a face mask prior to and during the insertion procedure |

**Source:** Aran Tavakoli RN MSN AOCNS; Reviewed by Ren Manzano RN