









CLABSI Prevention Maintenance Bundle

♥ *Howdy! Do No Harm—Administer TLC Always* ♥

	<p>Hygience</p>	<ol style="list-style-type: none"> Healthcare Personnel, patient and visitors must perform hand hygiene per BSWH Hand Hygiene policy <ul style="list-style-type: none"> ✓ Wash hands with soap & water or with an alcohol-based hand sanitizer <u>prior to and after</u> accessing Central Lines Patient & Family Hand Hygiene: Encourage patients and family to routinely perform hand hygiene Environmental Disinfection per BSWH Policy
	<p>Dressings</p>	<p>Must be changed every 7 days or when dressing is damp, loosened or soiled (gauze dressings changed every 48 hours) (BSWH, CVC Policy)</p> <ul style="list-style-type: none"> ✓ Competent Unit Champion performs dressing change (Competent RN reads checklist to Unit Champion and observes) <p>Specific Dressing kits with CHG gel: CVC, PICC, Dialysis and Port</p> <ul style="list-style-type: none"> ✓ Alternative dressing algorithm with specific products for issues: site bleeding, adhesive allergy, CHG allergy
	<p>Needleless Connectors (NC)</p>	<p>Change every 96 hours and if blood or debris is visible in port and prior to blood culture sampling, if contaminated or removed for any reason</p> <ul style="list-style-type: none"> ✓ Tego needleless connectors for all dialysis and apheresis catheters, changed every 7 days.
	<p>Hub Disinfection</p>	<ol style="list-style-type: none"> Scrub the hub for 15 seconds at each access with new alcohol prep pad for all subsequent hub access Curos® on ALL ports at ALL times (male, female, and Tego). Must be in place for at least 1 minute. Never reuse Curos® caps. <ul style="list-style-type: none"> ✓ Allow alcohol to dry before each access— <i>“the dying is in the drying”</i>
<p>It's not OK to say "Just in case..."</p>	<p>Assess Line Necessity</p>	<p>Discuss line necessity daily during multidisciplinary rounds via Central Line Rounding Tool: Press Ganey</p> <ol style="list-style-type: none"> Insertion: Insertion checklist Day to Day: Line necessity rounding with observation of condition of line/ line elements Removal: Standardized process for removal of non-tunneled lines
	<p>Tubing, IV Bags & Add-on Devices</p>	<p>Tubing changes every 96 hours, change tubing every 24 hours if disconnected or used intermittently. Date/Time labels. If no NC, cover all access ports with dead-enders, never reattach dead-enders, use Curos where able to for passive disinfection.</p> <p>All IV bags changed every 24 hours with normal exceptions. Date/Time labels.</p> <p>Connect/disconnect procedure for dialysis, CRRT, apheresis.</p>
	<p>Lab Draws</p>	<p>Peripheral sticks are preferred. Avoid blood draws through central line, provider order required.</p> <ol style="list-style-type: none"> General Lab Draws from a central line Blood Culture Draw <ol style="list-style-type: none"> Venipuncture From central line
	<p>CHG Decolonization</p>	<p>All patients physically located in an ICU. Additional populations approved by hospital IPCs/IDs.</p> <p>Perform every 24 hours, and after any incontinence event.</p> <p>Wipe central line dressing and 6 inches of tubing when applying CHG (AHRQ)</p>
	<p>Accessing the Line</p>	<p>Minimize the frequency of line access. Never reuse or reattach any syringe—<i>“one and done!”</i></p> <p>Always check for blood return each time you access a lumen.</p> <p>tPA Algorithm: Sluggish and occluded lines</p> <p>Use pulsatile flushing, do not bottom out final flush syringe—leave 0.5 mL in the syringe before detaching</p>