

Prevention of infection ivc

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Introduction

Bloodstream infections have a general mortality rate of between four and twenty percent. Actually, estimates have it that 500 - 4, 000 US patients die of bloodstream infections annually.

Nearly 90 of bloodstream infections occur with central line of administration. This is evidenced by the fact that approximately 48% of patients in intensive care unit in hospitals have central venous catheters. Central venous catheters normally disrupt skin integrity thereby allowing pathogens to enter, and the infection may spread to the bloodstream (bacteremia) ensuing organ dysfunction and hemodynamic changes. These intravascular catheters usually terminate at or near the heart, or in one of the great vessels including vena cava among others (Cdc. gov, 2010). This paper looks into prevention of infection in Inferior Vena Cava (IVC).

Before inserting catheters, the inserter and their assistant(s) should observe strict proper hand hygiene by washing hands either with alcohol-based hand rub or with conventional antiseptic-containing soap. They should also take maximal barrier precautions – use mask, head cover, sterile gloves and sterile gown. They should also drape the patient with the full body drape and maintain a sterile environment during the insertion. The inserter should perform a back-and-forth friction scrub on the site skin using chlorhexidine skin preparation, and then ensure that the solution dries utterly before attempting central line insertion. The drying time varies with the site of insertion. If possible, use antimicrobial-impregnated catheters. After initial insertion, they should apply occlusive sterile dressing per policy. Unless in emergencies, they should not perform any fluids/medications administration through the line prior to verifying the catheter tip placement. Most

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importantly, one should never connect previously used administration sets and fluids to central venous access lines (WHO, 2005).

The health personnel should inspect site for erythema, swelling or drainage and review lines daily to prevent delays in removing no longer-needed lines that increase the risk of infection. They should also replace loosened, damp or visibly soiled catheter-site dressing (based on policy and line type) and cleanse the dressing site using chlorhexidine swab or other approved agents. Additionally, they should not use topical antibiotic creams or ointment on insertion sites or submerge catheters under water, or remove old dressings using acetone or adhesive remover.

Capping all central line ports when not in use and changing caps no more regularly than every seventy-two hours and at least every seven days or according to the manufacturer's recommendations is advisable. This is except when the cap is leaking, appears damaged, has blood residue, or when it has been placed on a non-sterile surface (Mcrmc. org, 2010).

Conclusion

Proper hygiene and aseptic environment are paramount in preventing IVC infection as they not only reduces patient hospitalization time but also decreases treatment cost, not to mention preventing fatal infections.

References

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