

Zero Tolerance for Central Line Infections



Guidelines for the prevention of CLABSI

CLABSI are a significant source of morbidity and in some instances mortality in hospitalized patients. The Mount Sinai Hospital is committed to eliminating CLABSI. It is therefore imperative that clinicians follow the existing evidence-based hospital policy and practice guidelines.

Clinicians at all levels must comply and advocate for use of the following:

- Appropriate line selection and insertion sites (Refer to catheter selection algorithm)
- Hand hygiene and aseptic technique before handling catheters or catheter sites
- Use maximal sterile barrier precautions (hand hygiene, gown, sterile gloves, cap, mask, and a full-body drape) during catheter insertion
- Remove catheters not required for patient care
- Initiate and emphasize daily chlorhexidine gluconate (CHG) bathing
- Disinfect catheter hubs, needleless connectors, and injection ports before accessing the catheter
- Change transparent dressings and perform site care with a chlorhexidine-based antiseptic every 7 days and PRN if the dressing is soiled, loose, or damp
- In the rare instance that gauze dressings are used, reapply every 2 days or earlier if the dressing is soiled, loose, or damp
- Do not use the catheter for routine blood draws unless absolutely necessary and you are trained to do so. Educate patients as to the risk of contamination when accessing the catheter.

The Unit Leadership will initiate surveillance and implement risk assessments to identify opportunities for improvement.

Mount Sinai Hospital Vascular Access Guidelines



DEPARTMENT OF MEDICINE | JANUARY 2018

Location	Device Type	≤ 4 Days	5-28 Days	≤ 31 Days
Bedside, Line Team Room, ED or Outpatient	Peripheral IV Catheter (U/S guided as needed) Not to be used for routine blood drawing			
	Midline Catheter (Non-vesicant, GFR >45, platelets >50, not to be used on same arm as special precaution i.e., fistula, mastectomy)	Preferred to PICC if proposed duration ≤ 28 days		
	Non-tunneled/Acute Central Venous Catheter (all infusions, blood and blood products and vesicants,) platelets >50, Negative blood culture, afebrile for 24 hours	Preferred to PICC for use ≤ 14 days in acutely critically ill patient		
	PICC (all infusions, blood and blood products, vesicants, not to be used for routine blood drawing,) GFR >45, platelets >50, Negative blood culture, afebrile for 24 hours. Not to be used on same arm as special precaution i.e., fistula, mastectomy)		Proposed duration is ≥ 6 days and preferred to tunneled catheters for durations of 15-30 days	
OR or IR	Tunneled Catheter (all infusions and vesicants, Negative blood culture and afebrile for 24 hours CKD and ESRD)			No preference if use is ≥ 31 days
	Port/Implantable port (all infusions, blood and blood products, vesicants, negative blood culture, afebrile for 24 hours. Preferred line for Oncology patients)			

*Adapted from Michigan Appropriateness Guide for Intravenous Catheters (MAGIC), Annals of Internal Medicine, Vol. 164 No. 6, Sept. 15, 2015.