

“This large real-world data study further supports the current recommendations for the systematic use of CHG dressings on all catheters of ICU patients.”

Eggimann P, Pagani JL, Dupuis-Lozeron E, et al. Sustained reduction of catheter-associated bloodstream infections with enhancement of catheter bundle by chlorhexidine dressings over 11 years. *Intensive Care Med.* (2019) 45:823-833. <https://doi.org/10.1007/s00134-019-05617-x>.

TOPIC(S)



Infection Reduction

DESIGN

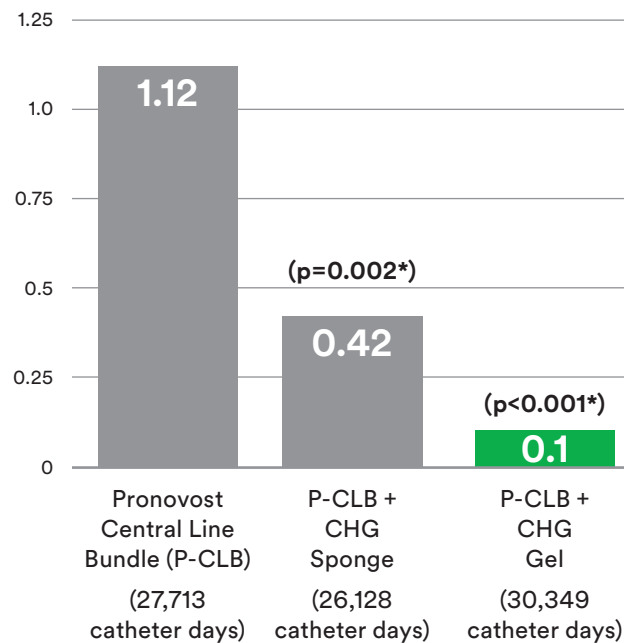
Real-world data study from 2006 to 2014 at a 35-bed mixed adult ICU in the Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland, a primary and referral hospital for a population of 250,000 and 1,500,000, respectively.

METHODS

11-year study evaluated the impact of incrementally introducing CHG dressings (sponge or gel) to an ongoing catheter bundle on the rates of catheter-related bloodstream infections (CRBSI). This was measured as part of a surveillance program and expressed as incidence density rates per 1,000 catheter-days for every central venous catheter (CVC), including dialysis catheters and introducer sheaths for pulmonary artery (PA) catheters, and arterial catheters.

RESULTS

CRBSI Rates (per 1,000 CVC and Arterial Catheter Days) — 18,286 patients



*p-values represent comparisons to P-CLB

KEY FINDINGS

Chlorhexidine dressings were associated with a **sustained 11-year reduction** of CRBSIs.

Data indicates the skin reaction rates for **CHG gel and CHG sponge were equivalent** at 0.3 /1,000 device days.