

Chlorhexidine for Nurses

Chlorhexidine decolonization protocols are recommended to reduce the risk of bloodstream infections among patients at high risk in acute care hospitals, such as in intensive care units,¹ and to reduce the risk of CLABSIs among all acute care patients with central lines.² It also has been effective at reducing the risk of methicillin-resistant *Staphylococcus aureus* (MRSA) infections after hospital discharge in patients colonized with MRSA.³ It may be helpful in reducing CLABSIs and bloodstream infections among patients with venous catheters in the home. The material was adapted from lessons learned from a protocol for reducing the risk of MRSA after hospital discharge.³

Your organization will decide which patient populations to focus this intervention on, which may include all patients, or patients considered by your organization to be of higher risk, such as:

- Patients receiving central parenteral nutrition
- Patients who have had CLABSIs in the past
- Patients receiving chemotherapy

You may not want to use this intervention among infants less than 2 months of age. Teach patients and caregivers about how to perform the chlorhexidine decolonization intervention.

Patients will need the following materials and supplies:

- Patient instruction manual
- Patient calendar
- Supplies for covering catheter dressing while bathing
- Baby wipes and loofahs
- Chlorhexidine skin scrub via pump
- Two-minute timer (phone may work)
- Walk the patient through the instructions. They should not use other soaps afterwards when showering, and should be careful about which lotions to use.
- You may want to use a video to help with the instructions.
- Make the calendar for the patient so they know what to do when.



Instructions for Calendar Use

- Fill in the month and dates
- Pick the first date the patient and caregiver will implement the protocol.
- Starting on this date and for the following 4 dates (5 dates total), write “daily chlorhexidine bathing.”
- Skip two weeks from the first date.
- Repeat the process 2 weeks from the first date.
- If a patient misses one day, move the completion date forward by one date.
- If a patient misses more than one day, restart the protocol on that date.

Reference

1. Buetti N, Marschall J, Drees M, et al. Strategies to prevent central line-associated bloodstream infections in acute-care hospitals: 2022 Update. *Infect Control Hosp Epidemiol.* 2022;43(5):553-569. doi:10.1017/ice.2022.87
2. Huang SS, Septimus E, Kleinman K, et al. Chlorhexidine versus routine bathing to prevent multidrug-resistant organisms and all-cause bloodstream infections in general medical and surgical units (ABATE Infection trial): a cluster-randomised trial. *Lancet.* 2019;393(10177):1205-1215. doi:10.1016/S0140-6736(18)32593-5
3. Huang SS, Singh R, McKinnell JA, et al. Decolonization to Reduce Postdischarge Infection Risk among MRSA Carriers. *New England Journal of Medicine.* 2019;380(7):638-650. doi:10.1056/NEJMoa1716771