

General Recommendations for Most Home Infusion Patients

Patients should demonstrate competency in catheter maintenance including but not limited to bathing, cleanliness, accessing, SAS/H methods, etc.

Assess competency with each patient and each of their caregivers at the start of care and then routinely afterwards.

General instructions

- Decontaminate catheter needleless connectors.
- Change clear or chlorhexidine-containing sterile dressings every 7 days, and more frequently if the dressing is soiled, damp, or loose. Nurses should perform dressing changes unless the patient or caregiver has been deemed competent.
- Scrub the site with chlorhexidine during dressing changes. Povidone iodine 10% is the preferred alternative if the patient cannot tolerate chlorhexidine.
- Keep the dressing dry when bathing. If the dressing becomes wet or soiled, the patient should contact their nurse or use the after-hours on-call number.
- Use needleless connectors.
- Use chlorhexidine-impregnated dressings or sponges.
- Instruct patients to perform regular hand hygiene, including before and after meal preparation, eating, using the toilet, any time after they touch a common use item, like a doorknob or a remote control, and at multiple steps when accessing the catheter.
- Use either the SAS (Saline- Antibiotic-Saline) or SASH (Saline- Antibiotic-Saline-Heparin) approach when infusing medications.
- Use clean or sterile gloves when changing dressings. If a patient contaminates their gloves when changing dressings (for example, by touching a dirty object like your cell phone), make sure they know to remove the contaminated gloves, wash their hands, or use hand gel and then apply a clean pair of gloves before returning to the catheter or dressing.
- Use checklists and videos to demonstrate to patients the steps in infusion.

Recommendations for Home Infusion Patients at High Risk of CLABSI

- High-risk patients may include patients receiving parenteral nutrition or patients with prior CLABSIs. Depending on your setting, these patients may also include patients receiving chemotherapy, pediatric patients, patients receiving ventilation support, or other groups. You may choose to implement some of these interventions.
- Chlorhexidine decontamination protocol if the patient does not have a chlorhexidine intolerance.
- Antibiotic lock therapy, ethanol lock therapy, or sodium bicarbonate lock therapy. These decisions should be made based on the individual patient as well as the type of IV catheter they have. Ethanol lock therapy and sodium bicarbonate lock therapy are contraindicated with certain brands of IV catheters.
- Antiseptic containing hubs.
- Chlorhexidine-containing dressings or chlorhexidine-containing sponge under a clear dressing.