

Tools to Provide for Patients at Average and Higher CLABSI Risk

Patients at highest risk of CLABSI include groups such as those on parenteral nutrition (PN, or central parenteral nutrition or total parenteral nutrition), and those who have had CLABSIs in the past. You may consider other patient groups at risk in your setting, such as those on chemotherapy.

This toolkit provides tools that can be used with all patients, and tools that may be chosen for those at high risk of CLABSI.

All patients should be provided with general recommendations and a competency assessment should be performed. Each patient should also be provided with end cap decontamination handouts. All patients should be provided with hand hygiene instructions. All patients should have dressing change kits and nurses provided with dressing change instructions. All patients should be provided with flushing guidelines, and safety information about home infusion. Each patient should also be provided with a wallet card or paper to place on the refrigerator about who to contact with complications. All patients should be provided patient education sheets and videos about bathing, and about an introduction to home infusion. Patients should also receive videos about introduction to IV lines. Each patient should also be provided with a SAS or SASH placemat, depending on whether the patient will be using a heparin flush as part of their protocol.

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Patients should be provided instructions specific to the device and therapy type prescribed, such as patient education sheets and videos.

Patients who are considered competent to perform their own vascular access device dressing changes should be provided dressing change instructions for patients.

Discuss as an agency whether chlorhexidine-containing dressings might be considered for high-risk patients or for all patients, and which dressings to consider. Similarly, consider discussing as an agency whether antiseptic-containing end caps might be provided, and for whom.

Patients at high risk can be provided the MRSA decontamination protocol along with the MRSA decontamination calendar.

For high-risk patients, consider discussing with individual physicians and advanced practice practitioners regarding individual patients, or as an agency, whether ethanol lock therapy, antibiotic lock therapy, or sodium bicarbonate lock therapy might be considered. Use instructions for nurses and associated patient education sheets for each therapy chosen.

For patients admitted to a hospital while on therapy with a possible CLABSI, consider supplying the inpatient team a booklet about how to contact the home infusion agency.

