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Background

Identification of patients who are at extremely high risk for central line associated bloodstream infection (CLABSI) was challenging. Patients were not considered as “high risk” until they had a positive blood culture (PBC), therefore, we recognized that we needed to proactively assess patients for risk in order to prevent infections from occurring.

Objectives

Our aim is to increase the awareness of high risks for CLABSI and decrease the central line associated bloodstream infection rate with the implementation of CLABSI prevention huddles and electronic medical record (EMR) “CLABSI Risk Assessment and Prevention” form.

Methods

Patients who had previous CLABSIs were at higher risk for another CLABSI because they required additional prevention measures and were not receiving them, thus leading to subsequent infections. An electronic CLABSI risk assessment and care plan with suggested interventions was created within the electronic medical record (EMR) (figure 1). It is reviewed and updated every shift and following PBC and prevention huddles.

PBC huddles revealed that patients with skin integrity issues could have remained infection free if early interventions would have been initiated, which led to the creation of a multidisciplinary approach to proactively huddle and document findings on extremely high-risk patients (figure 2).

Results

- On a high-risk patient (figure 2), five dressing changes were completed in the first 12 hours following insertion due to excessive drainage and skin integrity issues and following the prevention huddle, the patient did not require a dressing change for over 48 hours.
- October 2018: CLABSI Prevention Huddle
- May 2019: EMR CLABSI Risk Assessment and Prevention-Beyond the Bundle form.

Conclusions

Awareness through prevention huddles and a designated section in the EMR for patient factors, risk, and beyond the maintenance bundle interventions is available for staff to see, assess, and update during hospitalizations is necessary for the prevention of CLABSI.