

POSTER PRESENTATION

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Use of chlorhexidine-impregnated dressing in neonates

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Introduction

Catheter-related bloodstream infection (CR-BSI) is a significant cause of morbidity and mortality in the NICU. The chlorhexidine-impregnated dressing (CHID) has proven effective in reducing the colonization catheter tip and CR-BSI.

Objectives

Describe the experience on using CHID (Biopatch®) on the central venous catheter (CVC) in neonates at a 70 beds NICU.

Methods

The NICU has a group responsible for the insertion and maintenance of CVC according to the standards recommendation from CDC. In May 2010 we started using the CHID in all neonates weighing > 1500g and gestational age > 34 weeks. The dressing was replaced weekly. The observation was conducted from May to December 2010. Besides the new dressing, we also changed from 70% alcohol to alcoholic chlorhexidine solution for disinfection of the CVC hub.

Results

Sixty-four neonates were enrolled in the trial. There was no CR-BSI in neonates weighing > 1500g after the introduction of the CHID (0 / 1089 cvc / day). Compared to the same period in 2009 (without Biopatch), the rate of CR-BSI was 3.2 (6 / 1833 cvc / day). One neonate developed localized contact dermatitis with absolute regression after removal of the dressing.

Conclusion

We are not able to affirm that this intervention was responsible for the decrease of CR_BSI rate, but these

data is encouraging. Local contact dermatitis was not a problem. There was a good acceptance of the new dressing by the nursing staff. Apparently the CHID is safe and significantly reduces the rates of CR-BSI in neonates.

Disclosure of interest

None declared.

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