

Summary of Best Practice to Prevent VAD Related Infections

Assessment and VAD Selection

- Assess risk of infection pre selection
- Select device with minimum ports
- Select smallest gauge catheter to minimise trauma
- Consider vein quality, prescribed medicine and duration of treatment when selecting VAD

- Epic 3 (Loveday et al, 2014)
- INS (2016)
- RCN (2016)
- NHSI - HII (2017)

Aseptic Insertion

- Trained/competent healthcare worker
- Aseptic insertion using sterile equipment
- Use maximal sterile barrier precautions for CVC
- Skin disinfection with 2% CG and 70% alcohol

- Epic 3 (Loveday et al, 2014)
- INS (2016)
- RCN (2016)
- NHSI - HII (2017)

Daily Care and Documentation

- Use sterile transparent semi-permeable polyurethane dressing
- Aseptic technique for all dressing changes
- Dressing to be changed every 7 days or sooner if not intact or moisture under the dressing
- Consider CG sponge dressing for CVAD as a strategy to reduce CRBSI
- Inspect insertion site at least each shift
- Device should be appropriately secured

- Epic 3 (Loveday et al, 2014)
- INS (2016)
- RCN (2016)
- NHSI - HII (2017)

Administration

- Aseptic technique to be used for all access
- Decontaminate hub with CG 2% and 70% alcohol 15 seconds
- Designate a port for lipids
- Change admin sets 96 hours
- Change admin sets for blood every 12hrs or when complete
- Change admin sets with lipids every 24 hours
- Use normal saline to flush

- Epic 3 (Loveday et al, 2014)
- INS (2016)
- RCN (2016)
- NHSI - HII (2017)

Prompt Review and Removal

- Resite PVC when clinically indicated and not routinely
- Do not routinely replace CVAD
- Remove when no longer required
- information and education for patients and carers

- Epic 3 (Loveday et al, 2014)
- INS (2016)
- RCN (2016)
- NHSI - HII (2017)



Summary of Best Practice to Prevent CAUTI

Avoid Unnecessary Use

- Protocols for catheter insertion to restrict use
- Alternatives to catheterization
- Non-invasive assessment (e.g. bladder scan)

- Epic 3 (Loveday et al, 2014)
- EAUN (Geng et al, 2012)
- NICE CG2 (2012)
- SHEA/IDSA (Lo et al, 2014)

Aseptic Insertion

- Trained/competent healthcare worker
- Meatal cleansing (sterile saline or chlorhexidine)
- Aseptic insertion using sterile equipment
- Smallest gauge catheter to minimise trauma
- Use of sterile lubricant

- Epic 3 (Loveday et al, 2014)
- EAUN (Geng et al, 2012)
- NICE CG2 (2012)
- SHEA/IDSA (Lo et al, 2014)
- Mitchell et al (2018)

Daily Care and Documentation

- Maintain closed system
- Daily meatal cleansing (normal hygiene)
- Correct positioning of drainage system
- Securing device
- Clean hands, clean container for emptying
- Clear documentation

- Epic 3 (Loveday et al, 2014)
- EAUN (Geng et al, 2012)
- NICE CG2 (2012)
- SHEA/IDSA (Lo et al, 2014)

Prompt Review and Removal

- Review against insertion protocol
- Pre-TWOC checks (e.g. bowels, hydration)
- Careful post-TWOC assessment

- Epic 3 (Loveday et al, 2014)
- EAUN (Geng et al, 2012)
- NICE CG2 (2012)
- SHEA/IDSA (Lo et al, 2014)

Clear Plan on Patient Transfer and Discharge

- Active management plan with reason for catheter and date for review or removal
- Referrals (e.g. urology, continence advisor)
- Information and education for patients and carers

- Epic 3 (Loveday et al, 2014)
- NICE CG2 (2012)

