

POSTER PRESENTATION

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Skin decontamination in critically ill patients. Comparison of two daily bathing methods: traditional bath versus 2% chlorhexidine gluconate (CHG) cloths

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Introduction

Healthcare Associated Infections (HAI) in Intensive Care Units (ICU) settings are still a challenge; skin decontamination is a recommended intervention to interrupt pathogen transmission through “source control”¹. Various studies^{1,2,3,4} investigated the effectiveness of 2 % CHG cloths compared with the use of traditional bathing (soap and water) or pre - impregnated cloths with soap solution (no antiseptic) for the reduction of MDROs acquisitions and blood-stream infections in Intensive Care Unit settings.

Methods

The system used for daily patient hygiene at the General Intensive Care Unit (ICU) of the Rimini hospital until April 2013 consisted of a “traditional” method (water and soap). Since May 2013, 2 % CHG cloths (Sage Products LLC) were introduced for the daily bathing of colonized/infected patients (targeted decolonization)³. Afterwards, since October 2013, a new procedure was introduced to extend daily bathing with 2 % CHG cloths to all patients in the ICU (universal decolonization)³. Patients between periods had similar characteristics.

Results

Results compare two periods in which data were collected and analyzed: Period A - November 2012 / April 2013 - 6 months of daily hygiene with soap and water - Pre - intervention.

Period B - October 2013 / July 2014 - 10 months of daily hygiene with 2 % CHG cloths (universal decolonization) Intervention. Number of patients Colonized/ Infected: decreased by 51.21% (p - value = 0.00141). Positive blood cultures decreased by 68.32 % (p - value = 0.01699) Return on investment(ROI): estimated decrease of 50% of the total costs, intervention period vs. pre-intervention period.

Conclusion

Daily bathing with 2% CHG cloths significantly reduces the number of patients colonized/infected and MDRO acquisitions. The results and the estimated ROI obtained at the General Intensive Care Unit(ICU) of the Rimini hospital, confirm the opportunity of implementing a universal decolonization protocol in ICU settings.

Disclosure of interest

None declared.

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