# Chlorhexidine (CHG) Bathing to Prevent Hospital Acquired Infections

Diane Hughes, BSN, RN, OCN  Lydia Owens, BSN, RN

UMC UNIVERSITY MEDICAL CENTER

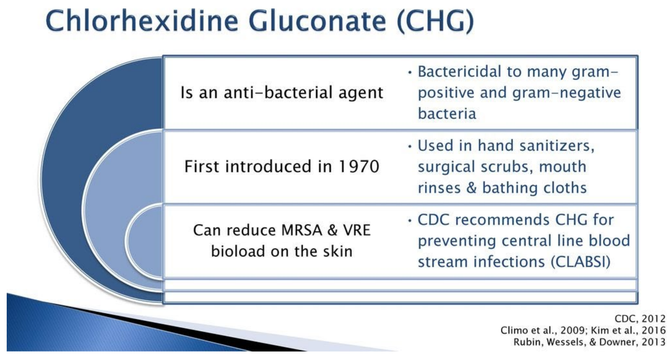
## BACKGROUND

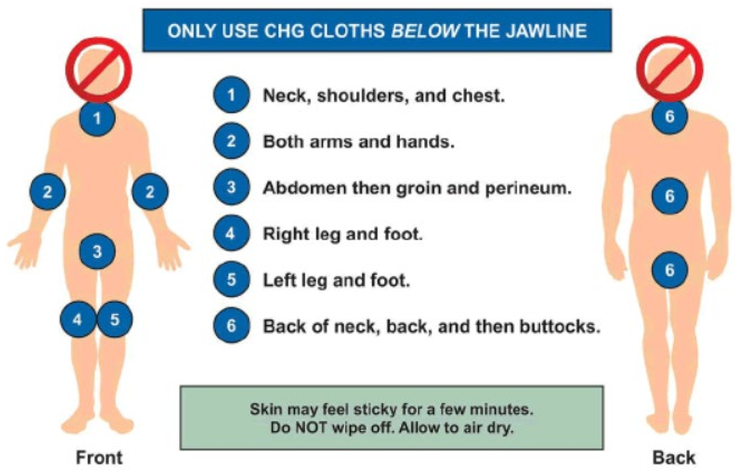
"Healthcare-associated infections (HAIs) cause considerable morbidity, mortality and medical costs. Annually in the United States, approximately 722,000 people develop an HAI and 75,000 die. A cost analysis by Zimlichman *et al*., examining five major HAIs, found that HAIs cost the United States healthcare system $9.8 billion annually" (Musuuza, JS., 2016)

Studies have proven that daily bathing with chlorhexidine gluconate (CHG) is an efficacious intervention for Bloodstream infection (BSI) prevention in the ICU setting. In a meta-analysis of 12 studies that included 137,392 patient-days found a 64% reduction in the incidence of BSIs following daily CHG bathing (Musuuza, JS., 2016)

## PURPOSE

To strive for standardized, evidence-based clinical practice and nurse-initiated protocols, the 1500 South staff have noticed an increase in Catheter-Associated Urinary Tract infections (CAUTI) and Central Line Associated Blood Stream Infections (CLABSI) in the unit. The goal is to implement protocols to reduce the incidence of these infections.




**CHG bathing demonstrated a 24% reduction in CLABSI rates**

## METHODS

Implementation of daily CHG bathing for all patients who have a central line and/or foley catheter in place. Daily monitoring to assure staff and patient compliance with documentation of outliers. Working with infection control to monitor the effectiveness of CHG bathing.

## RESULTS

We hypothesize that the unit will see a drop in the CAUTI/CLABSI rate in the quarters where CHG bathing has been implemented.

## CONCLUSIONS

If our hypothesis is correct, that there will be a reduction in CLABSI/CAUTI rates, then we will use our evidence-based research to implement a hospital-wide nurse protocol on daily CHG bathing. This will improve UMC's overall infection rates.

## REFERENCES

Musuuza JS, Safdar N. Every other day bathing with chlorhexidine gluconate: what is the evidence? Ann Transl Med. 2016 Dec;4(24):506. doi: 10.21037/atm.2016.11.83. PMID: 28149868; PMCID: PMC5233479.

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