

February 12, 2014

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To: Enid Eck, Public Reporting & Education Subcommittee Chair
Jorge Palacios, CDPH-CHCQ-HAI

From: Rae Greulich, member HAI/AC, healthcare consumer

Re: Public Educational Campaign 2014
Development of materials for the Train-the-Trainer sessions.

Per discussion at the Public Reporting & Education Subcommittee of 1/10/14, I have assembled what I believe to be an easily digestible explanation of CLABSI infections and their significance. Information sources can be provided.

Central Line-associated Bloodstream Infections or “CLABSI”

The acronym “CLABSI” stands for “Central line-associated bloodstream infection”. These are very serious infections.

Medication and fluids are often administered to hospitalized patients through fine tubes or “lines” that are inserted into a vein. There are different types of lines.

IV or peripheral lines are intravenous lines that are placed in veins near the skin’s surface, often on the hand or lower forearm.

Central Lines are placed deeper and more toward the center of the body. Insertion sites may be near the collarbone, neck, groin or elbow. The line is fed into a large vein that connects to a larger vein sitting above the heart. There are advantages to using Central Lines. They can deliver infusions more rapidly, accommodate blood products and nutrition; can be used for blood draws and serve various other purposes that IV lines cannot.

Insertion of a Central Line is more invasive than a Peripheral line. The procedure is carried out under sterile conditions according to an established protocol. The line insertion site will be covered with a transparent dressing. It must be kept clean and dry and will be checked daily for infection. California hospitals are required to report their adherence to these practices in intensive care units. A report on central line insertion practices (CLIP) is available on the CDPH website at the [CLIP Report Page](#).

Central line-associated bloodstream infections are very serious and can be life threatening. For this reason patients and visitors must refrain from touching a central line. Any healthcare professional who touches the line must wash his or her hands first.

A patient's nurse should be notified immediately if the central line:

- Gets dirty
- Appears to be dislodged
- Is leaking, or appears to be cut or cracked
- **Shows any sign of infection.** This includes:
 - Redness at or red streaks near the insertion site
 - Swelling or warmth at the insertion site
 - Yellow or green drainage
 - Pain or discomfort
 - Fever or chills

Central line-associated bloodstream infections are treated with antibiotics. If infection persists, the line may have to be removed. This can lead to further complications.

All California general acute care hospitals are required to report CLABSI cases to the CDPH and that information is made available to the public on their website on the [CLABSI Report Page](#).