**Evidence-Based Central Line-Associated Bloodstream Infection Prevention in Nursing**

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September 24, 2022

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**Introduction**

Central-line associated bloodstream infections (CLABSIs) are caused by the lack of adherence to safe insertion practices, improper site dressing, and late removal of devices in addition to high nurse-to-patient ratios. Nurses should employ patient-centered care, interdisciplinary collaboration, and evidence-based CLABSI prevention techniques to optimize the quality of care. Educating patients and their families about CLABSI prevention and recommended handling procedures is also essential in reducing CLABSI prevalence in hospitals.

**Nursing Situation**

One of the situations that made me question nursing practice occurred last year in our workplace. A 62-year-old African American patient had been admitted to the hospital for a week and the nurse who had been caring for him fell sick and took time off. Given his age and chronic illnesses like hypertension and diabetes, the patient can barely speak and he only uses sign language to communicate. Further, the patient has only one daughter who lives in the neighboring state and no other family member or a visitor who comes to check on him. The locum nurse was busy handling other patients given the nurse-to-patient ratio in the hospital is considerably high so he forgot to care for the aged patient. Since the patient had a catheter and an IV insertion, he ended up developing a central-line associated bloodstream infection which worsened his situation. By the time I was attending to the patient after being relocated to serve in the ward, I noted that he was barely responsive and pus had developed around the central line sites.

**Description of the Problem**

The patient had developed a central-line associated bloodstream infection (CLABSI) due to failure by the nurses to embrace interdisciplinary collaboration in care and the evidence-based practices of reducing CLABSIs in hospitals. Undoubtedly, the locum nurse failed to engage other nurses like me to help her handle some patients to avoid CLABSI cases which adversely impact patient experiences by prolonging their hospital stay. Further, the nurse failed to embrace evidence-based CLABSI prevention techniques like prompt removal of central lines that have stayed for long, disinfecting the skin before insertion, and avoiding the femoral vein for central line placement but instead using the subclavian vein for non-tunneled catheters. The evidence needed to solve the issue of CLABSIs in the hospital is intervention specifically training nurses on evidence-based CLABSI prevention techniques like attending to a patient frequently, removing catheters and IV insertions that have been in place for long, and disinfecting points of contact before and after device removal in addition to the role of patient-care in optimizing patient experiences. Chamblee and Miles (2021) conducted a quasi-experimental study to assess the effectiveness of the application of evidence-based CLABSI prevention techniques and the provision of patient-centered care in a pediatric intensive care unit (PICU).

Different from that, Chamblee and Miles (2021) surveyed 121 legal guards whose children were admitted to

the PICU and had a central venous catheter with results showing that after training family members about evidence-based CLABSI prevention techniques, nursing staff’s compliance also significantly improved by approximately 5%. Therefore, there is need to engage family members of the elderly or small children about evidence-based CLABSI prevention so that they can help ensure that the prerequisites are adhered to. Undoubtedly, this is the basis of patient-centered care which optimizes patient outcomes and the quality of care. Additionally, training nursing staff about evidence-based central-line associated bloodstream infections is also essential in optimizing the quality of care and ensuring that patients don’t suffer like the case of the 55-year-old patient described in this case.

**Conclusion**

Roach’s C’s of caring include compassion, competence, conscience, comportment, confidence, and commitment. Roach’s six C’s of caring are used to express a sense of caring and enhance the application of patient-centered and evidence-based care. One of the attributes of Roach’s six C’s of caring reflected in the case described above is competence where nurses should understand their role in providing evidence-based care and applying evidence-based CLABSI prevention techniques to optimize the quality of care. Further, the other attribute is conscience which can be demonstrated by adhering to ethical protocols like providing patient-centered care, embracing confidentiality, and respecting all patients irrespective of their social, cultural, or economic background. Nurses can also demonstrate compassion by being sensitive to patient needs and ensuring they embrace evidence-based CLABSI prevention techniques like frequent removal of insertion and disinfecting point of contact before and after catheter or intravenous vein insertion.

**Reference**

Chamblee, T. B., & Miles, D. K. (2021). A Prospective Study of Family Engagement for Prevention of Central Line-associated Blood Stream Infections. *Pediatric quality & safety*, *6*(5). DOI: [10.1097/pq9.0000000000000467](https://doi.org/10.1097%2Fpq9.0000000000000467) .

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