

THE PRESENT PRACTICE OF DRESSING CARE IN ICU PATIENTS WITH CENTRAL CATHETER LINES

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AIMS:

- To identify the degree of compliance by the ICU staff to standards and protocols in infection control;
- To compare the degrees of compliance in specific practices; and
- To identify factors that cause noncompliance in applying infection control standards and protocols, explicitly dressing changes.

An Evaluation of Compliance Among ICU Staff to Standards and Protocols Regarding Dressing Care of Central Catheter Lines

METHODS

The audit utilised a six-item questionnaire to gather the study's relevant data.

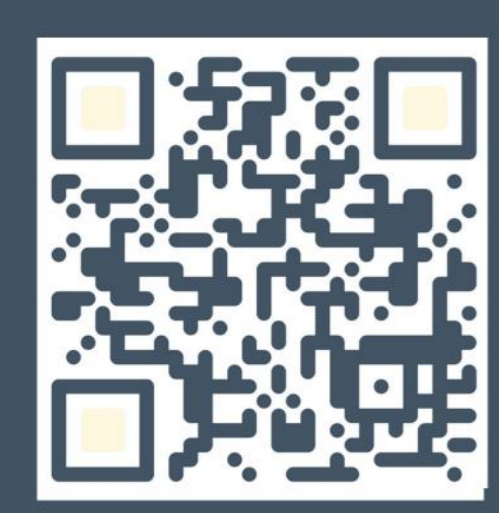
The audit identified relevant data from the Electronic Documentation System used by the unit.

LIMITATIONS

- Expiration of patients.
- The conduct of the study and the results were not entirely under the auditor's control.

BACKGROUND OF THE STUDY

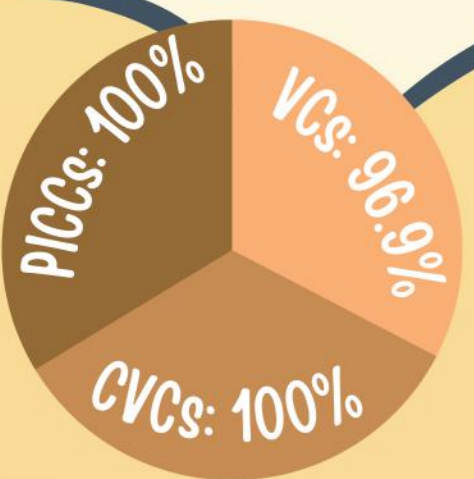
Central venous access devices (CVADs) are vital medical devices that provide intensive care to patients. Despite standards, such as the EPIC 3 guidelines, and evidence-based literature specific to its use, CVAD-related complications are still very prevalent.



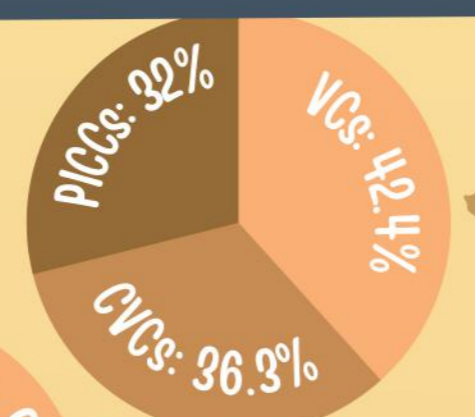
CURRENT STANDARD

EPIC 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England

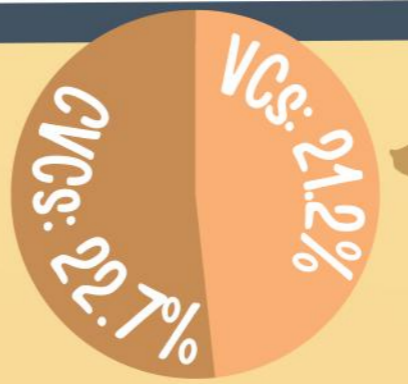
RESULTS



The catheters were all intact except for the Vas Caths.

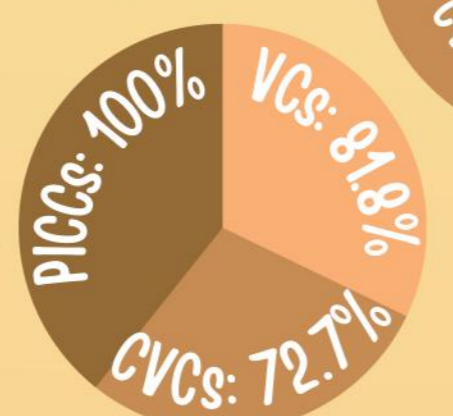


Dressing change in less than a week was 42.4% done for Vascath, 36.3% in CVCs, and 32% in PICCs.



Proper documentation of the actual dressing was done 21.2% of the time with Vas Caths, 22.7% with CVCs, and 0% with PICCs.

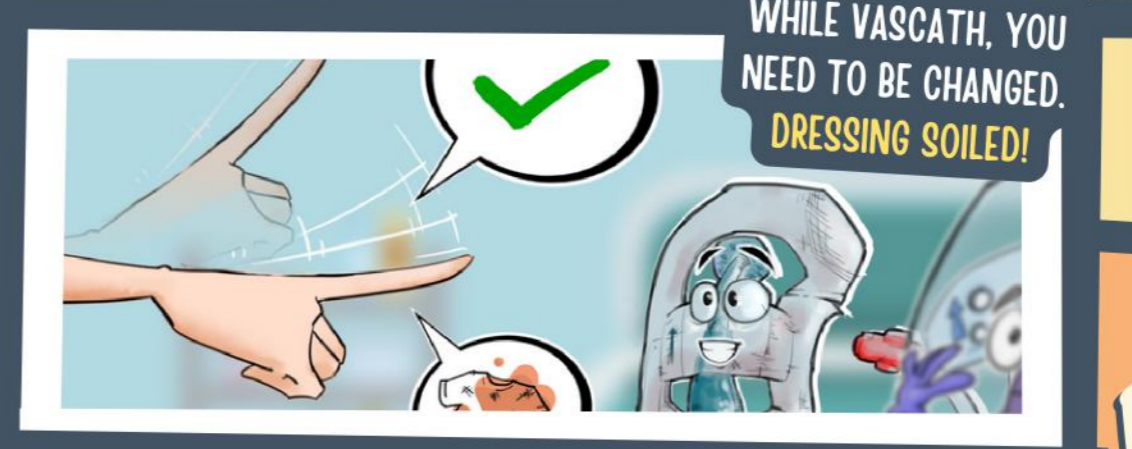
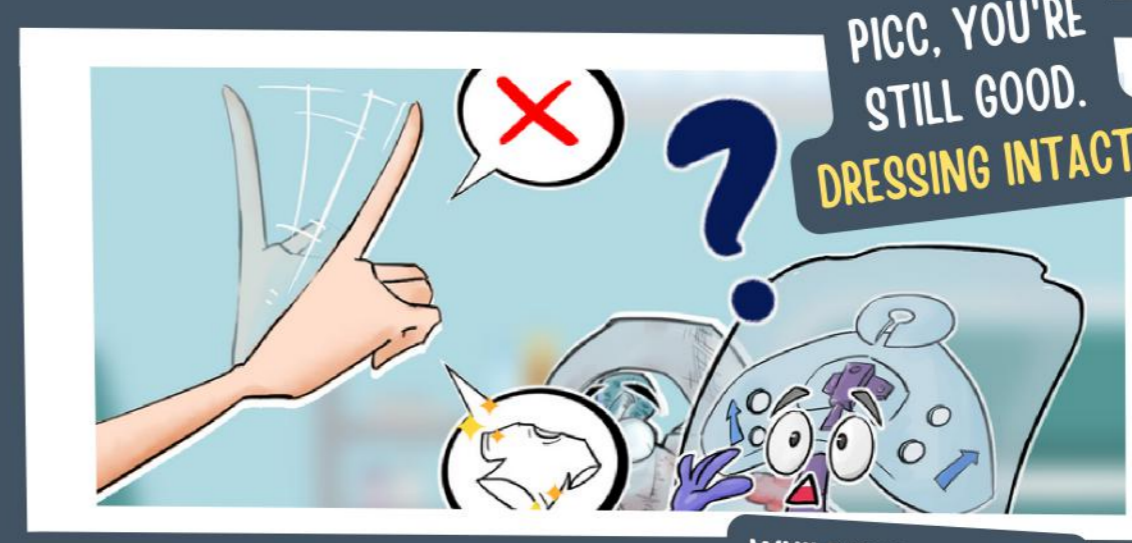
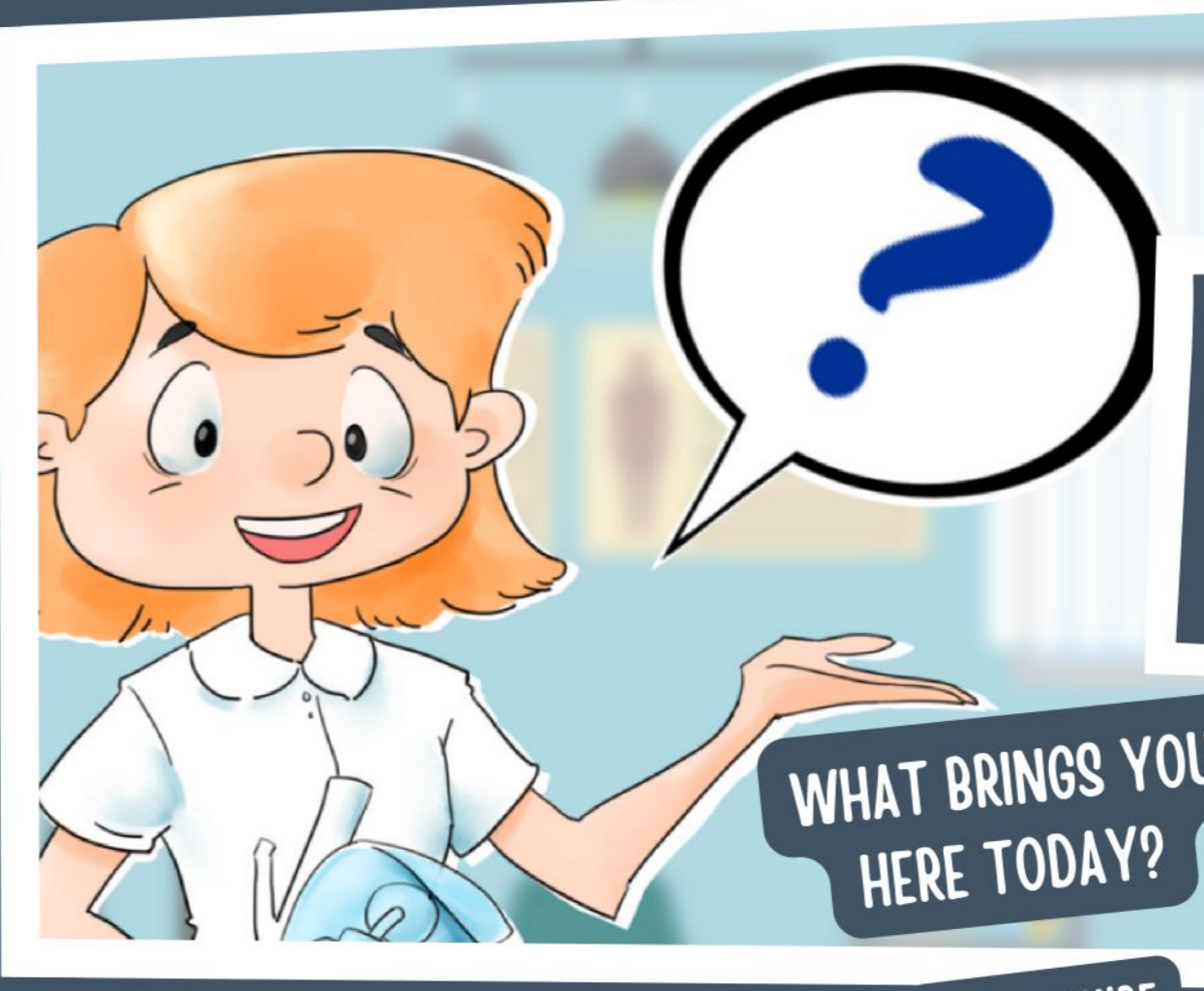
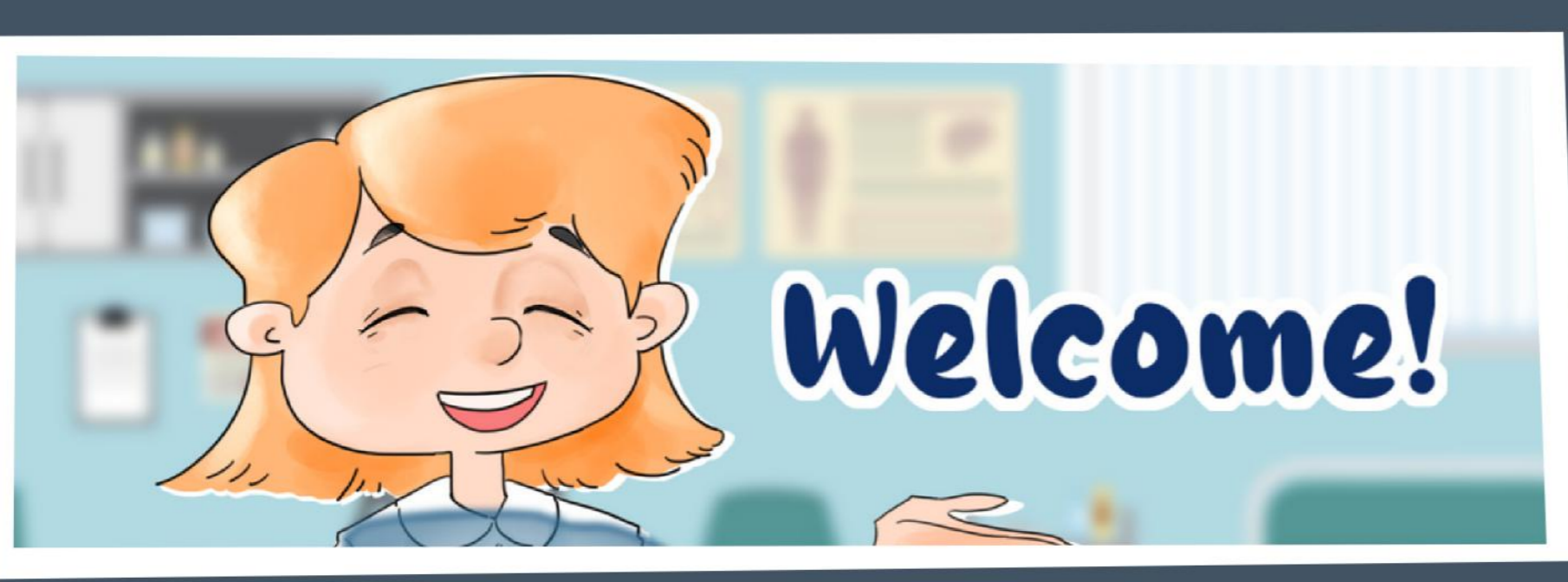
Dates were properly written on 81.8% of the Vascaths, 72.7% on CVCs, and 100% on PICCs.



Utilising a Biopatch was evident in all the catheters based on the documentation.



ON THEIR WAY TO THE SUPPLY ROOM...



DISCUSSION

The highest percentage of noncompliance was on proper documentation of the dressing (43.9%).

While the highest compliance was on the use of Biopatch (100%), followed by the intactness of the dressing.

To conclude the study's outcome, the standards and protocols stated in the EPIC 3 guidelines were partially being followed by the ICU staff, though minimal incidents resulted in a low percentage of CVAD-related infections in the unit.

RECOMMENDATIONS

Clinical Practice

- Careful handling of dressing.
- Proper documentation of dressing changes.
- Continued use of Biopatch.
- Continued monthly auditing.

Management and Leadership

- Assessment and implementation of changes in nurses' workload.
- Continued implementation of action plans on a one-on-one basis.

Research

- Utilize research as a reference for future research studies.

Education

- Reorientation of nurses on the EPIC 3 guidelines.

REFERENCES:

(1) Broadhurst, D., Moureau, N. and Ullman, A. J. (2017) "Management of central venous access device-associated skin impairment." *Journal of Wound, Ostomy & Continence Nursing*, 44(3), pp. 211-220. doi: 10.1097/won.0000000000000322. (2) Loveday, H. P., Wilson, J. A., Pratt, R. J., Golsorkhia, M., Tingle, A., Baka, A., Browne, J., Priest, J. and Wilcox, M. (2014) "Guidelines for preventing infections associated with the use of intravascular access devices," in *EPIC 3: National Evidence Based Guidelines for Preventing Healthcare Associated Infections in NHS hospitals in England*. Elsevier. (3) Mitchell, P. L., Ullman, A. J., Takashima, M., Davis, C., Mihala, G., Powell, M., Gibson, V., Zhang, L., Bauer, M., Geoffrey, E. and Rickard, C. M. (2020) "Central Venous Access Device securement and dressing effectiveness: The Cascade pilot randomised controlled trial in the Adult Intensive Care." *Australian Critical Care*, 33(5), pp. 444-451. doi: 10.1016/j.aucc.2019.10.002.

