**Dressing for Success: Implementing PRN Changes to Combat CLABSIs in Pediatrics** 

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### Background

 The current recommendations for pediatric central line dressing changes are every 7 days if the dressing is clean, dry, and intact. Recent literature and professional organizations now support changing neonatal dressings as needed (PRN). Our neonatal intensive care units (NICUs) adopted this evidence-based practice, leading to a notable decrease in central line-associated bloodstream



Dressing Changes: Patients with >7 Day Dressings vs. Total Central Line Patients

infections (CLABSIs). Pediatric literature still recommends a 7-day interval unless there's a risk of dislodgement.

## Purpose

- Expanding neonatal central line dressing change practices to pediatric units aims to reduce unnecessary dressing changes, enhance patient and nurse experience, and lead to a decrease in CLABSIs.
- This EBP QI initiative is evaluating if the adoption of PRN dressing changes will lead to a decrease in CLABSIs in pediatric patients with central lines.

### **Methods**

- Population: Inpatient pediatric patients with a central line excluding port-a-catheters at a non-freestanding bicampus children's hospital Oak Lawn and Park Ridge.
- Intervention: Central line dressing change protocol updated to change dressings when clinically indicated. CHG patch removed from bundle and tissue adhesive implemented.

**Figure 1**. # of patients with dressings >7 days/ total number of patients with central lines. Percentage shown with red line.

# Conclusions

- Develop outcomes report prior to implementation.
- Supported by NICU standards, aligns with CDC recommendations, decreases dressing changes for pediatric patients.
- Practice change is new with limited data.
  Continuing to evaluate results.

# **Implications for Practice**

## Results

- Pre practice change 10% of dressings were changed because of the fixed schedule interval. Post practice change 25% of dressings remained clean dry and intact post 7 days (historic cadence).
- Decrease in dressings changed on a fixed schedule
  - Avoided dressing changes on average for 25% of pediatric patients.
- Patient outcome: decrease in unnecessary dressing changes, accidental dislodgement, improved patient and nurse experience.



**Figure 2**. Oak Lawn and Park Ridge central lines with dressings >7 days

- Change can be difficult, trust the process and use data to determine effectiveness.
- Consider clinically indicated dressing change practices for pediatric patients with central lines to align with NICU practices.
- Continuing to monitor the data.
- Need additional studies and literature focused on pediatric patients and central line dressing standards.

## References

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 Streamlining the practice of central line care across the continuum from neonate to pediatric patient.

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- Bedside nurses at ACH that embraced the practice change





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