

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICIES**

**CHLORHEXIDINE GLUCONATE (CHG) BATHING
FOR HIGH RISK PATIENTS AND SELECT PRE-OPERATIVE PROCEDURES**

Effective Date: 7/2015

Policy No: IC002

Cross Referenced: CDC CLABSI Prevention Guide

Origin: Infection Control

Reviewed Date:

Authority: Administrative Director

Revised Date:

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SCOPE

Registered Nurses in ICU and Pre-operative areas

PURPOSE

Daily bathing with chlorhexidine gluconate (CHG), is associated with significant reductions in central line-associated bloodstream infections (CLABSIs), vancomycin resistant enterococci (VRE), methicillin-resistant *Staphylococcus aureus* (MRSA) colonization, and infections with MDROs. Use 2% CHG prepackaged cloths, which have shown fewer skin reactions and procedural variations than 4% CHG basin bathing without rinsing.

Use of prepackaged cloths is preferred to use of tap water bathing. The primary cause of poor water quality is the buildup of bacterial biofilm in the pipes, faucets, and distribution systems. Bacterial biofilm may be disseminated to at-risk patients and health care staff by direct contact with water used for routine hand washing, bathing, cleaning of equipment, and ingestion of water and ice.

DEFINITIONS

High Risk Patient: For purposes of this policy, high risk is defined as: ICU Patients

Chlorhexidine (CHG) an effective and well-tolerated topical antiseptic with many clinical applications. Research indicates that the intervention of bathing with CHG can reduce the number of HAIs

- Chlorhexidine gluconate is known to reduce the bioload of several bacteria, including multiple strains of methicillin-resistant *Staphylococcus aureus* (1)
- Research regarding the intervention of bathing with CHG was assessed and found to reduce central line-related blood stream infections, ventilator-associated pneumonia, and vancomycin-resistant enterococci (1)
- The reduction in HAIs was found to be greater as compared to bathing with soap and water(1)

Selected Pre-op Procedures: Joint and Spinal procedures

POLICY

- I. Unless contraindicated, all patients undergoing select surgical procedures, with the exception of open wounds, should have a preoperative 2% CHG Bath before surgery.
- II. High risk patients shall have a “routine bath” substituted with 2% CHG prepackaged cloths on admission and daily.
- III. Patients will be educated about the use of single use disposable products as a strategy to prevent the risk of hospital acquired infections.

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PROCEDURE

I. SUPPLIES

- 2% CHG wipes
- Patient gown
- Bed linens as necessary

II. OVERVIEW

Sage chlorhexidine gluconate (CHG) 2% prepackaged cloths are to be used daily and replaces routine “bathing” for patients in the ICU. Use 2% CHG prepackaged cloths have shown fewer skin reactions and procedural variations than 4% CHG basin bathing without rinsing.

Initial bath will be provided on admission to unit, *prior to implementing CHG protocol use soap and water if patient requires a soap and water bath.*

- If patient has skin allergies, use a cloth on a small area first, checking for any reaction. If itching or redness occurs, rinse that area and stop using the product.
- Inspect the patient’s skin surfaces for evidence of a skin rash and any breaks in the skin. Avoid contact of areas with a rash or a break in the skin with the 2% CHG disposable cloths.
- If the patient has a generalized rash, do not bathe with the 2% CHG disposable cloths.
- AVOID TOUCHING THE EYES, EARS, OR MOUTH with the CHG cloths.

III. USE OF CHG BATH CLOTHS

A total of six (6) 2% CHG cloths (three (3) packs with two (2) CHG cloths in each one.) If 6 cloths are not enough to cover all skin surfaces in obese patients, use additional cloths as needed. Place the 2% CHG cloth packs in the warmer at the appropriate time prior to the planned start of body application. Use the cloths just as you would a wash cloth. Follow these directions:

NOTE: Do not warm cloths in microwave – use the appropriate warmer

Ensure that cleansing occurs from the jawline down. Oral secretions are heavily colonized with bacteria and can contaminate the neck region. One wipe shall be used on each body part as listed below by massaging firmly to activate the CHG:

1. Use one cloth to wipe neck, chest, and abdomen and any lines or tubes in that region. Wipe lines and tubes from dressing/insertion outward, away from the body- up to six inches.

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2. Use another cloth to wipe both arms, starting at the shoulder, down to the fingertips then wipe any lines or tubes in that region. Wipe lines and tubes from dressing/insertion outward, away from the body- up to six inches. End with wiping arm pits.
3. Use another cloth to wipe left and right hip, followed by each groin and perineum and any lines or tubes in that region.
4. Use another cloth to wipe left leg and foot, starting at thigh and ending at toes
5. Use another cloth to wipe right leg and foot, starting at thigh and ending at toes
6. Use another cloth to wipe back, starting at the base of neck and extending down to buttocks and rectal area
7. *Allow skin to air dry. Do not rinse or apply any lotions or moisturizers for 5 minutes after using the cloths. It is normal for the skin to have a temporary "tacky" feel for several minutes after using the cloths. Cover patient with sheet for privacy, no other linens to be used until the product dries.*

CHG compatible products ONLY: Only use skin care products and lotions that are compatible with CHG as listed on the product. Bath wipes are impregnated with skin lotions, additional lotions should not be needed.

8. Discard the cloths in a trash can. **DO NOT FLUSH** them in the toilet
9. Do not wash the 2% CHG off of patients' skin between daily applications.
10. Prior to each subsequent daily bath with the 2% CHG disposable cloths, examine the patients skin surfaces for redness, rash and fissures and ask the patient if they have any itching or burning of their skin. If the patient has any signs or symptoms of skin irritation, consult with the patient's attending physician prior to bathing with 2% CHG disposable

IV. CONTRAINICATION USE OF CHG BATH WIPES

CHG wipes should not be used on any patient with known or suspected allergy to CHG or any component of the wipes (Aloe Vera).

V. DOCUMENTATION

Nursing will document under hygiene in the I-View

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REFERENCES

Anaissie EJ, Penzak SR, Dignani MC. The hospital water supply as a source of nosocomial infection: A plea for action. *Arch Intern Med.* 2002;162(13):1483-1492.

Trautmann M, Lepper PM, Haller M. Ecology of *Pseudomonas aeruginosa* in the intensive care unit and the evolving role of water outlets as a reservoir of the organism. *Am J Infect Control.* 2005;33(5 suppl 1):S41-S49

Derde L, Dautzenberg M, Bonten M. Chlorhexidine body washing to control antimicrobial-resistant bacteria in intensive care units: A systematic review. *Intensive Care Med.* 2012;38(6):931-939.

Johnson D, Lineweaver L, Maze LM. Patients' bath basins as potential sources of infection: A multicenter sampling study. *Am J Crit Care.* 2009;18(1):31-38, 41; discussion 39-40.

Karki S, Cheng AC. Impact of non-rinse skin cleansing with chlorhexidine gluconate on prevention of healthcare-associated infections and colonization with multi-resistant organisms: A systematic review. *J Hosp Infect.* 2012;82(2):71-84.

Marchaim D, Taylor AR, Hayakawa K, et al. Hospital bath basins are frequently contaminated with multidrug-resistant human pathogens. *Am J Infect Control.* 2012;40(6):562-564.

The Joint Commission. *Preventing Central Line-Associated Bloodstream Infections: A Global Challenge, a Global Perspective.* Oak Brook, IL: Joint Commission Resources, May 2012. <http://www.PreventingCLABSI.pdf>.

AACN Updates Patient Bathing Practices Protocol, <http://www.infectioncontroltoday.com/news/2013/04/aacn-updates-patient-bathing-practices-protocol.aspx>, April 18, 2013

Waknine, Tael (2013). Medscape Medical News. *Chlorhexidine Baths Protect Patients in the ICU.*
<http://www.medscape.com/viewarticle/779049>

Association of Perioperative Registered Nurses. (2013). *Perioperative Standards and Recommended Practices.*

Institute for Healthcare Improvement. (2012). *How to guide: prevent surgical site infection for hip and knee arthroplasty.*