Chlorhexidine bathing significantly more effective in reducing hospital-acquired infections

A Houston Methodist team showed that chlorhexidine bathing of surgical ICU patients decreased the risk of hospital-acquired infections by more than 44 percent.

HOUSTON, TEXAS, UNITED STATES, September 12, 2016 /EINPresswire.com/ -- A Houston Methodist Hospital team comprised of clinicians and researchers showed that chlorhexidine bathing of surgical intensive care unit (ICU) patients decreased the risk of hospital-acquired infections by more than 44 percent. The study resulted in a standard of care change from the use of soap and water to chlorhexidine.

The study appears in the October 2016 issue of Critical Care Medicine, and represents years of work by a collaborative team from surgical ICU, pharmacy, surgery and the Houston Methodist Research Institute.

According to the Centers for Disease Control and Prevention, health care-associated infections affect nearly 650,000 people every year in the United States.

More than 300 surgical ICU patients, many of whom were immune-compromised, were randomized over nearly a year-long period, either receiving a 2 percent chlorhexidine bath every other day or the standard daily soap and water bath. Compared with soap and water, the chlorhexidine bathing decreased catheter-associated urinary tract infections, ventilator-associated pneumonia, surgical site infections and bloodstream infections.

According to first author Joshua Swan, Pharm.D., M.P.H., BCPS, member of the pharmacy department, bedside nurses are now regularly using chlorhexidine bathing as a standard of care for all surgical ICU patients. Chlorhexidine is an antiseptic used against a wide range of micro-organisms.

Other hospitals across the country have done similar research, resulting in standard of care changes to bedside bathing protocols.

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Note: Effect of Chlorhexidine Bathing Every Other Day on Prevention of Hospital-Acquired Infections in the Surgical ICU: A Single-Center, Randomized Controlled Trial. Crit Care Med 2016; 44:822-832; Early online DOI: 10.1097/ccm.0000000000001820.

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