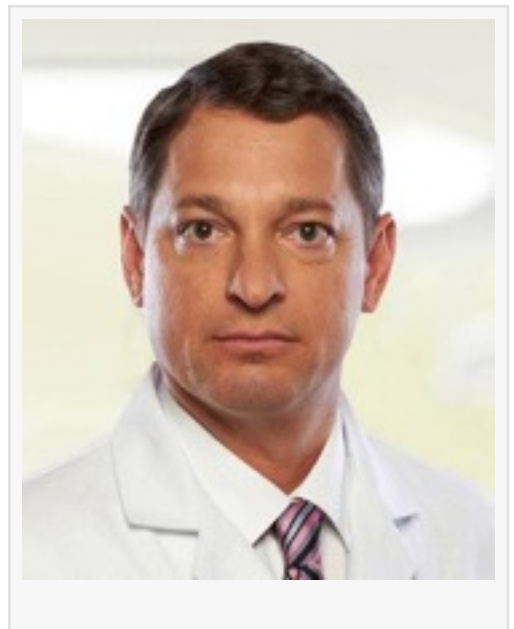


# Hospital-Acquired Sepsis: Twenty Percent Caused by Central-Lines, Including PICCs

*CLABSI and non-CLABSI HOB cases are associated with significant increases in morbidity, mortality, and cost.*

SANTA BARBARA, CA, UNITED STATES, March 12, 2024 /EINPresswire.com/ -- "CLABSI and non-CLABSI HOB cases are associated with significant increases in morbidity, mortality, and cost"... Dr. Calvin C. Yu, MD, Becton, Dickinson and Company.

Greg Vigna, MD, JD, national pharmaceutical injury attorney, "Hospital acquired bloodstream infections are caused by bacteria with increased resistance to antibiotics and increased ability to cause sepsis, organ failure, and multi-system failure. Twenty percent of all hospital acquired bloodstream infections are caused by central-lines, including PICC lines."



What did Dr. Yu's article, "Characteristics, costs, and outcomes associated with central-line-associated bloodstream infection and hospital-onset bacteremia and fungemia in US hospitals", published in *Infection Control & Hospital Epidemiology* (2023), 44, 1920-1926?

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Twenty percent of hospital acquired bloodstream infections are caused by lines and Dr. Yu's study show these patients are the sickest and manufacturers have chosen profits over patient safety."

*Greg Vigna, MD, JD*

"The cross-sectional analysis included 403 patients with National Healthcare Safety Network reportable Central-Line Associated Bloodstream Infections (CLABSIs) and 1,574 with non-CLABSI hospital onset bacteremia (HOB).

In case-matched analyses, CLABSIs and non-CLABSI HOB, separately or combined, were associated with significantly longer LOS [difference, 12.1–17.4 days depending on intensive care unit (ICU) status], higher costs (by

\$25,207–\$55,001 per admission), and a >3.5-fold increased risk of mortality in patients with an ICU encounter.

Patient characteristics for CLABSI and non-CLABSI HOB were generally comparable, but the rate of ICU encounters during the hospital admission was higher in the CLABSI subgroup compared with the non-CLABSI HOB subgroup: 73.4% vs 62.1%, respectively.

Total hospital costs for CLABSI were also higher than for non-CLABSI HOB: \$42,201 versus \$34,243, respectively, for non-ICU encounters and \$70,407 vs \$57,262, respectively, for ICU encounters.”

Read Dr. Yu’s article, [HERE](#).

[Dr. Vigna](#) concludes, “We are investigating central-line associated bloodstream infections that are preventable with using safer alternative materials to the old, obsolete polyurethane and silicone tubing. The current PICC line, midline, and other central line are defective since they do not use the hydrophilic technology that was first introduced in 1995 that substantially reduces the risks of blood clots and infection of PICC line, central line, and midlines. Twenty percent of hospital acquired bloodstream infections are caused by lines and Dr. Yu’s study show these patients are the sickest and manufacturers have chosen profits over patient safety.”

What is sepsis? Multiple organ damage from inflammation because of infection that may result in organ damage to brain, kidney, heart, liver, and lung.

What is septic shock? A life-threatening condition that caused dangerously low blood pressure because of infection that may result in amputations of fingers and toes, brain damage, kidney failure, ventilator dependence, oxygen dependence, and nerve damage.

To learn more, visit our [PICC line help desk](#).

Dr. Vigna is a California and Washington DC lawyer who represents those with serious injuries cause by defective medical devices including PICC line and Med-Ports that lead to sepsis. He represents the injured with the Ben Martin Law Group, a national pharmaceutical injury law firm in Dallas, Texas. The attorneys are product liability and medical malpractice attorneys, and they represent the most injured across the country.

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