

Decolonization of Non-ICU Patients With Devices

Section 14-1 – Addressing Questions Asked by Staff: Chlorhexidine for Bathing

Why does the hospital use special soap for bathing and showering in patients with medical devices?

This hospital is dedicated to improving medical care for our patients. Bacteria commonly found on the skin can produce infection during high-risk periods such as a hospital stay because patients are ill and often require lines, tubes, and other devices. Our hospital provides a special antiseptic skin cleanser, chlorhexidine gluconate (CHG), for use on patients with medical devices in order to remove potentially harmful bacteria on the skin and reduce the risk of infection. Clinical trials have shown that CHG protects patients with medical devices from bloodstream infection, and also reduces the risk of having antibiotic-resistant bacteria on the body. The **A**ctive **B**athing to **E**liminate (ABATE) Infection Trial, a national study in 53 hospitals, found that use of CHG antiseptic soap for bathing or showering led to a 37 percent reduction in positive methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant enterococcus (VRE) clinical cultures and a 32 percent reduction in all-cause bloodstream infections in patients with specific medical devices.

Which patients with devices should receive a CHG bath?

Based on the findings from the ABATE Infection Trial, use CHG baths for patients with the following medical devices is recommended:

- Central venous catheters (including dialysis catheters and port-a-caths)
- Midline catheters
- Lumbar drains

What if my patient refuses a bath?

Patients have the right to refuse any medical care. Staff need to assess whether the patient is refusing at this time (e.g., because they are tired, in pain, or irritable), or whether the patient is refusing altogether. Also assess if the patient understands the reasons for and the value of the protective bath (i.e., to prevent bloodstream infection, MRSA, and VRE). If the patient does not wish to have this done, it is their right to refuse, but most patients accept if they understand that the bath prevents infection. Patients will need encouragement to take their daily bath. Staff enthusiasm is critical to protect patients with bathing. Refer to “Talking Points for Chlorhexidine Bathing” in this section on how to address common reasons for patient refusals. The nursing protocols provide details on escalation pathways for addressing patient refusals.

If the patient is stating that this is not the best time for a bath, then the staff member should encourage the patient to take a bath at a later time. Remind the patient that the bath only takes 5–10 minutes, and that the bath will help protect them from germs.

Do CHG baths have to be given daily?

CHG has been shown to keep bacteria off the skin for up to 24 hours. Patients with medical devices are bathed daily with CHG to continuously protect them from infection during the entire hospitalization.

Should gloves be worn or changed during bathing with CHG cloths?

Yes. Although it is safe to handle the CHG cloths with bare skin, gloves should be worn for bathing these patients, similar to procedures used for bathing other patients. If gloves become soiled, they should be changed.

Is CHG safe to use on the perineum?

Yes, CHG is safe to use on the perineum, including the female labia and genital surface. Over 1 million CHG baths have been given in clinical trials with the direct instruction to clean the male and female perineum well.

Are there special instructions for large or obese patients?

Yes. In order to be effective at removing germs, it is important that CHG cloths be applied with a firm massage on all skin areas (gently massaged onto wounds). This is particularly important in skin folds of large or obese patients since dirt, sweat, and germs can accumulate there. Make sure that after the CHG cloth is applied, the skin fold areas are allowed to fully dry. Lift skin folds to clean by firmly massaging the entire skin with the CHG cloth. Sometimes placing rolled towels to prop open skin folds may help with the application or drying process. Use as many CHG cloths as necessary.

Is CHG safe to use on lines, tubes, and drains?

Yes, it is very important to clean lines, tubes, and drains in addition to the skin surrounding these devices in order to prevent infection. Be sure to clean the 6 inches of any line, tube, or drain closest to the body with a clean portion of a CHG cloth or a new cloth. Nonabsorbable (non-gauze) dressings should also be wiped with a clean portion of the CHG cloth or a new cloth after the skin is cleaned. If devices are wrapped for showering, be sure to clean them after showering. Unwrap the devices and use a clean CHG cloth to clean the device and over the dressing.

When we use CHG bathing for patients with central lines and midline catheters, if my patient also has a urinary catheter, should the urinary catheter be cleaned with CHG as well?

Yes. For any patient selected to receive a CHG bath based on our hospital's criteria, it is important that you clean the 6 inches of ALL of their devices, lines, tubes, and drains closest to the body, and that you clean over all non-gauze dressings. This protocol was used in the ABATE Infection Trial.

Some patients can perform their own bath or shower. What should be used, and can the patient bathe themselves?

If the patient wishes to self-bathe or self-shower, provide the patient with the 1-page “Bathe Daily With CHG Cloths” and/or “Shower Instructions” patient handouts (see Section 10). Having the patient read the instructions will save you time later because the patient will become familiar with the bathing or showering process. Then, prior to the bath or shower, verbally repeat the cloth bathing or showering instructions to ensure proper CHG application. Remind the patient that if the bathing or showering is not performed correctly, they may not receive the protective benefits.

If the patient wishes to perform a bed bath, remember to show the patient how to open the CHG cloth packages since they can be difficult to open from the ends. Remind them to massage the CHG onto their skin and over non-absorbent dressings. Help them clean hard-to-reach areas and clean the 6 inches of all lines, tubes, or drains closest to the body.

If the patient is able to step into the shower, 4% CHG liquid soap along with a mesh sponge or non-cotton cloth for application should be provided. Do not use cotton cloths—cotton binds CHG and does not release CHG well onto the skin. Again, help them clean hard-to-reach areas. After showering, be sure to unwrap any device that was kept waterproofed, and use a clean CHG cloth to clean the 6 inches of all lines, tubes, or drains closest to the body, including over all non-absorbable (non-gauze) dressings.

Some patients report that their skin feels sticky after the bath.

The sticky feeling is due to the moisturizing ingredients in the CHG cloths and will go away as it dries.

Is it true that CHG cloths can stain sheets?

When CHG comes into contact with bleach during the laundry cycle, a chemical interaction can occur and produce a brown stain. To avoid this, avoid placing CHG cloths directly on sheets. Once applied to skin, CHG will bind to skin proteins and will not stain sheets.

I am having trouble applying bandages after bathing my patients with CHG. Does CHG weaken bandage adhesive?

If you are having trouble reapplying a bandage after bathing a patient with CHG, it's usually because not enough time has elapsed for drying. After bathing a patient, allow the CHG to dry for about 5 minutes, which should be enough time for the CHG to absorb and not affect the bandage adhesive. If you cannot wait the full 5 minutes and if the patient's skin still feels tacky, fan the area of the skin until fully dry. Otherwise, the bandage will not stick properly. Do not wipe the CHG off as this will reduce its infection prevention abilities.

What if my patient has an incontinence episode or needs freshening up throughout the day?

CHG cloths should be used for all bathing purposes, including full-body bathing, skin cleansing after soiling, or any other reasons for additional cleaning such as freshening up. Do not use soap to clean incontinent patients because soap can inactivate CHG. First remove urine/stool with usual incontinence wipes or cloths and water. Next, clean with CHG and allow to air dry. Be especially thorough if there are any nearby wounds, pressure ulcers, or breaks in the skin. Finally, apply CHG-compatible barrier protection over the area. Repeat as often as needed throughout the day.

What are the most commonly missed bathing practices that need reinforcement?

1. Cleaning the 6 inches of any lines, drains, and tubes closest to the body as well as cleaning over non-absorbable dressings
2. Ensuring that CHG cloths are applied to skin with firm massage
3. Using the CHG cloths on superficial wounds/stage 1 and 2 decubitus ulcers

How should we dispose of the CHG cloths?

Used CHG cloths should be disposed of in the trash. The CHG cloths will clog plumbing. **Do not flush. Instruct patients NOT to place the cloths in the commode or toilet.**

Will long-term use of CHG cloths cause bacteria to become resistant?

Thus far, despite broad CHG use in most hospitals, CHG resistance has rarely been reported in the United States.

I think my patient may be having a reaction to the CHG cloths or CHG liquid soap. What should I do?

Any questions regarding issues related to the decolonization products should be directed to the patient's nurses and treating physicians. Severe allergic reactions to CHG are extremely rare. However, if you think a patient may be developing a severe allergic reaction (including hives, severe itching, difficulty breathing, tightness in the chest, or swelling of the mouth, face, lips, or tongue), stop the decolonization drug and **immediately** initiate the hospital's "rapid response" protocol.

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