

# CHG Bathing in the ICU Setting: Educating Staff for Increased Compliance

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# CHG Bathing in the ICU Setting: Educating Staff for Increased Compliance

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## BACKGROUND / INTRODUCTION

- ICU patients are at an increased risk of infection due to use of empiric antibiotics, preexisting disease, use of mechanical ventilation, central lines/drains, and at times prolonged use of urinary catheters and invasive monitoring equipment. (Dereli, Ozayar, Degerli, Sahin, & Koç, 2013).
- A study found that 16.2% of patients developed a healthcare associated infection in 2010 (Dereli, Ozayar, Degerli, Sahin, & Koç, 2013)
- Bathing with Chlorhexidine Gluconate (CHG) impregnated wipes reduces the risk of blood stream infection in ICU patients compared to more traditional methods of bathing. (Shah, Schwartz, Luna, & Cullen, 2016).
- Chlorhexidine will stay on the skin as an antimicrobial for up to 24 hours, reducing the risk of infection. (Popovich et al., 2012).
- Use of CHG wipes is part of the LVHN policy and procedure for proper bathing of ICU patients. (Lehigh Valley Hospital, 2013).
- Opportunities for improvement were identified in the Cardiac Intensive Care Unit (CICU) with utilization of CHG wipes for daily bathing of patients.

## PICO QUESTION

In licensed and unlicensed critical care staff, does education on the use of chlorhexidine gluconate wipes for daily baths compared to current practice increase compliance with using CHG wipes for daily bathing?

## References

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- Shah, H. N., Schwartz, J. L., Luna, G., & Cullen, D. L. (2016). Bathing With 2% Chlorhexidine Gluconate. *Critical Care Nursing Quarterly*

## IMPLEMENTATION

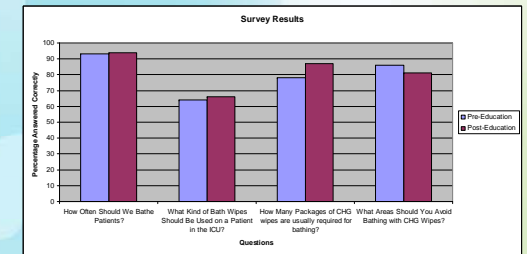
- Utilization of CHG wipes for bathing was audited for 3 nights before any education intervention was performed.
  - On night 1, 14% of baths were done according to policy and procedure using CHG wipes.
  - On night 2, 16% of baths included CHG wipes.
  - On night 3, 50% of baths were provided using CHG wipes
- A pre-education survey was distributed to the unit to assess the knowledge of the bathing policy.
- After the data was collected, education provided and signs were posted to remind staff which wipes to use and when.
- Another survey was distributed and compliance was audited again after education.



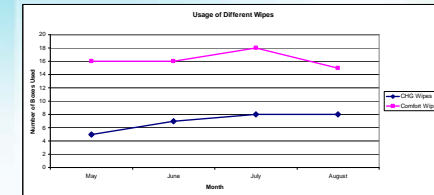
## Barriers

- Pre-education auditing data was impacted by the staff's awareness of it occurring.

## RESULTS



The graph above shows the results of the survey answers before and after education.



This graph reflects the increased use of CHG wipes and decreased use of Comfort Wipes on the CICU over 4 months.

Compliance was audited again for 3 nights following the education on the unit.

- On night 1, 60% of the baths were done using CHG wipes, 66% of the baths on night 2, and 72% of baths on night 3.

## CONCLUSIONS

- The greatest knowledge deficit ascertained was which wipes should be used for bathing and how many should be used for each bath.
- The second most common knowledge deficit was which areas of the body not to bath with the CHG wipes.
- This project shows that with education on proper ICU bathing, more baths are completed according to policy and procedure.

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