

# THE ROLE OF CHLORHEXIDINE GLUCONATE (CHG) BATHS IN THE ICU: A LITERATURE REVIEW

ANDREA HAYWARD  
UNIVERSITY OF WITWATERSRAND  
DEPARTMENT OF NURSING



Department of Nursing Education

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A DAILY BATH .....OR NOT?



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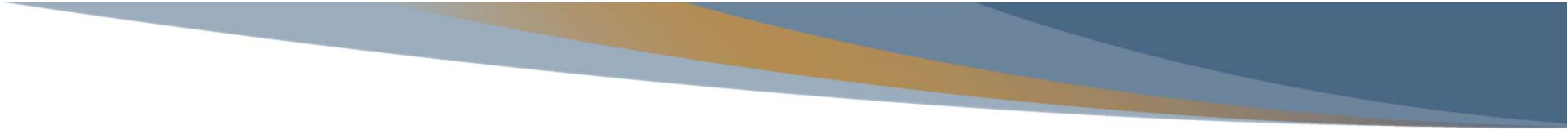
# INTRODUCTION

Health care-associated infections(HAI) are known to increase:

- length of hospital stay (LOS),
- cost of care and
- increased mortality (Kaye .2014; Zimlichman. 2013).

HAIs affect between 26% and 35% of ICU patients.  
(Dramowski and Whitelaw. 2017 SA – 28.5%).





Traditionally infection prevention - focused on limiting cross infection (esp air borne )

- from direct contact with patients,
- environment,
- isolation precautions and
- hand hygiene.

Emphasis shifted to source control – skin colonisation – serves as a source of infection.



# AIM AND OBJECTIVES

- AIM

To revisit the role of the CHG daily bathing in ICU according to recent literature.

- OBJECTIVES

Determine the impact of CHG baths on common HAI's in the ICU

Compare recommendations with present hospital policies



# METHODS

- **LITERATURE SEARCH**
  - Electronic search of PUBMED, CINAHL, SCOPUS
  - Additional hand search of secondary sources
- **KEYWORDS**
  - Chlorhexidine
  - Chlorhexidine bath/ cloths
  - Infection prevention
  - HAI in ICU
- **INCLUSION CRITERIA**
  - At least one episode of infection/sepsis
  - Confirmed by Lab data
  - Adult ICU
  - English
  - 2013 -2018



# DATA EXTRACTED

## ASSESSMENT QUALITIES

- 3800 citings found.

## RANDOMISED CONTROL TRIALS

## BEFORE and AFTER TESTING

} SELECTED

- 8 met the criteria.

## HAI<sub>s</sub> INCLUDED

- CAUTI      CLABSI      VAP
- SSI      MRSA      VRE
- Clostridium Difficile



# SUMMARY OF FINDINGS

Evidence For Daily Bathing

↑ Or ↓ Effective Control Of Bioburden

| STUDY                              | DESIGN                               | STUDY SETTING                           | CHG ARM  | COMMENTS   | OUTCOME   |
|------------------------------------|--------------------------------------|---|--|--|---|
| Armellino, D. <i>et al.</i> , 2014 | Before and after inter-Vention study | New York MICU/SICU Over 1 year 2012 pts | Only “at risk” patients.<br>MRSA and/or central line.<br>Prior to intervention soap and water baths were used on all patients. 2% CHG pre-packaged cloths. | Staff were all given training on CHG baths. MRSA precautions included isolation; hand hygiene; environmental cleaning; PPE. Pre intervention MRSA rate - 4.1/1000 pt days Post intervention 1.13/1000pt days | 72% decrease in MRSA<br><br><b>Supports use of selective CHG bathing to reduce MRSA</b> |

| STUDY                          | DESIGN   | STUDY SETTING                        | CHG ARM   | COMMENTS   | OUTCOME  |
|--------------------------------|--|--------------------------------------|---|--|--|
| Cassir, N <i>et al.</i> , 2015 | Comparative & paired<br>2x 6/12<br>Control- soap and water<br>Intervention grp - CHG | Marseilles France<br><br>MICU<br>354 | Daily bath<br>Single use<br>No-rinse<br>2% CHG cloths | No difference in LOS and Vent days (P=0.09)<br>Gm neg bact were responsible for 80% of VAP and UTIs<br>And 48% of BSI.<br><br>Intervention grp vs control. ...<br>Significant decrease in BSI, VAP and UTI. (P=0.02; 0.02 & 0.01 respectively) | Cultures positive for Gm neg bact decreased in intervention grp <b>but not</b> cultures positive for Gm pos.<br><b>Support for daily CHG bathing</b> |

| STUDY                         | DESIGN   | STUDY SETTING  | CHG ARM   | COMMENTS  | OUTCOME  |
|-------------------------------|--|--|---|---|--|
| Chen. W <i>et al.</i> , 2015  | Meta-analysis<br>All before and after studies.               | Nanjing, China<br><br>MICU x 4<br>SICU x 2<br>TICU x 1 | Daily CHG baths to decrease VAP.<br>Intervention: 13,349 ventilator days.<br>Control : 14,289 ventilator days | Few studies explore the association between CHG baths and VAP.<br><br>Found that CHG lowered the risk of VAP by 27% | <b>Supports the daily bathing with CHG for decreasing VAP</b>  |
| Frost. S <i>et al.</i> , 2016 | Meta-analysis<br>Before and after studies<br>x 10<br>RCT x 7 | Sydney Australia<br><br>Adult<br>GICU<br>SICU<br>MICU  | Daily CHG bathing.  | MRSA; VAP; BSI; CLABSI; CAUTI; VRE; C Difficile   | BSI -20%<br>VAP – 18%<br><b>CLABSI – 56%</b><br>CAUTI – 7%<br>MRSA – 36%<br>VRE – 37%<br>C Diff – 7%<br><b>Support</b> |

| STUDY                    | DESIGN                                 | STUDY SETTING                                | CHG ARM  | COMMENTS   | OUTCOME   |
|--------------------------|--|--|--|--|---|
| Lee <i>et al.</i> , 2016 | Census sample. MRSA targeted /screened | Orange county USA.(all ICUs in 28 hospitals) | All MRSA positive on admission placed under contact precaution. Daily CHG bathing and mupirocin [Bactroban](x 5 days) for all ICU patients | 58% reduction in MRSA after 1 year with universal decolonisation | <p><b>Support universal decolonisation</b></p> <p><b>Benefit continues downline..ie wards, long term acute care units and other non ICU settings.</b></p> |



| STUDY                        | DESIGN   | STUDY SETTING  | CHG ARM  | COMMENTS   | OUTCOME  |
|------------------------------|--|--|--|--|--|
| Noto, M <i>et al.</i> , 2015 | Cluster randomised Cross-over Study<br><br>VanderBilt Univ<br>Nashville<br>USA | ICU x 5<br>TICU<br>MICU<br>NICU<br>SICU<br>CICU<br><br>9,340 | Once daily bathing.<br>2% CHG cloths<br>OR disposable non - CHG impregnated cloths x 10 weeks.<br>4488 -CHG<br>4852 Control<br>CLABSI; CAUTI;<br>VAP;<br>C Diff. | Results thought to be due to a short 10 week period. | Control vs CHG<br>4+ 4 CLABSI<br>32+ 21 CAUTI<br>8+ 17 VAP<br>16+ 13 C Diff<br><b><u>NO SIGNIFICANT DIFFERENCE</u></b><br><br><b>Also for MRSA and blood culture contamination</b> |



| STUDY                                | DESIGN   | STUDY SETTING                    | CHG ARM  | COMMENTS  | OUTCOME  |
|--------------------------------------|--|----------------------------------|--|---|--|
| Viray, M.<br><i>et al.</i> ,<br>2014 | Quasi-<br>experimental<br>Prospective<br>study | Missouri,<br>USA<br>SICU<br>MICU | SICU – <b>inter<br/>vention</b><br>MICU – <b>control</b> .<br>x 1 month.<br><br>C Diff, MRSA,<br>VRE, positive on<br>admission –<br>contact<br>precautions | 4% CHG added to<br>water to make<br>0.125% CHG<br>strength.<br><br>Basin bathing with<br>standard wash<br>cloths were used. | <b>41.37%</b><br><b>decrease</b> in<br>HAI-MRSA in<br><b>SICU</b><br><br>No significant<br>difference in<br>control group<br><br><b>Support for<br/>CHG bathing for<br/>MRSA</b> |



| STUDY                      | DESIGN | STUDY SETTING | CHG ARM  | COMMENTS  | OUTCOME  |
|----------------------------|--------|---------------|--|---|--|
| Swan <i>et al.</i><br>2016 | RCT    | USA<br>SICU   | 4% CHG mixed with tap water to make 2% solution. | <p><b>Hand hygiene – 84% compliance</b> undercover observation. CHG baths on <b>alternate days</b> alternating with soap and water</p> <p>LOS longer d/t sicker state</p> | <p><b>Success with CLABSI</b></p> <p><b>No success</b> with VAP, CAUTI &amp; SSI but <b>lower levels</b> than soap and water arm</p> |



# DISCUSSION

Armillino *et al.*, Chen *et al.*,  
Lee *et al.*, Viray *et al.*

- Only considered MRSA infections.
- Add CHG baths to care practice for MRSA prevention

Cassir *et al.*, Frost *et al.*, Noto *et al.*,  
Swan *et al.*,

- Considered MRSA, VRE, CAUTI, CLABSI, VAP and C Diff
- Add CHG baths to care practice for MRSA prevention

Noto *et al.*, and Swan *et al.*

- Showed no significant benefit or **except** a reduction in CLABSI
- Add CHG baths to practice for MRSA prevention



# SUMMARY

- 8 studies                      All ICU disciplines
  - 4 RCT
  - 2 before and after
  - 2 Meta-analyses
- Six support daily CHG bathing **on evidence**
- Two encourage it – “does no harm”



# FOOD FOR THOUGHT

- Concerns
  - Organisms in tap water and basins
  - Resistance to CHG
  - Cost





A DAILY BATH ?....YES PLEASE!



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