

# “This large real-world data study further supports the current recommendations for the systematic use of CHG dressings on all catheters of ICU patients.”

Eggimann P, Pagani JL, Dupuis-Lozeron E, et al. Sustained reduction of catheter-associated bloodstream infections with enhancement of catheter bundle by chlorhexidine dressings over 11 years. *Intensive Care Med.* (2019) 45:823-833. <https://doi.org/10.1007/s00134-019-05617-x>.

## Topic(s)



Infection reduction

## Design

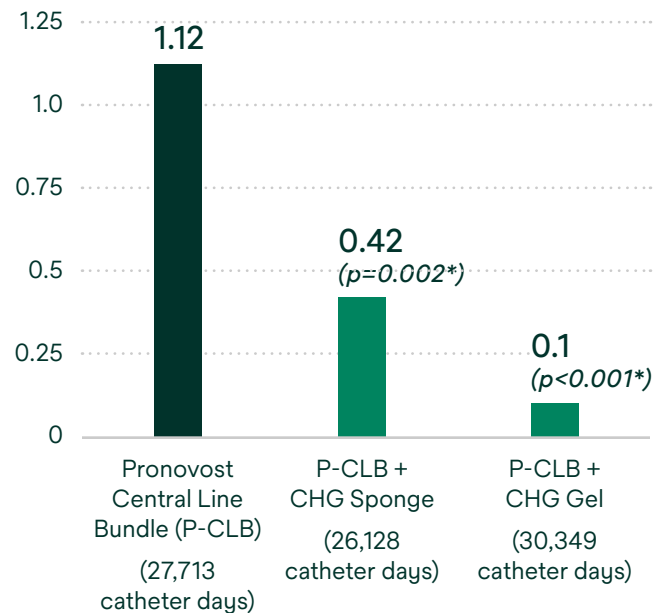
Real-world data study from 2006 to 2014 at a 35-bed mixed adult ICU in the Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland, a primary and referral hospital for a population of 250,000 and 1,500,000, respectively.

## Methods

11-year study evaluated the impact of incrementally introducing CHG dressings (sponge or gel) to an ongoing catheter bundle on the rates of catheter-related bloodstream infections (CRBSI). This was measured as part of a surveillance program and expressed as incidence density rates per 1,000 catheter-days for every central venous catheter (CVC), including dialysis catheters and introducer sheaths for pulmonary artery (PA) catheters, and arterial catheters.

## Results

### CRBSI Rates (per 1,000 CVC and Arterial Catheter Days) – 18,286 patients



\*p-values represent comparisons to P-CLB

## Key findings

Chlorhexidine dressings were associated with a **sustained 11-year reduction** of CRBSIs.

Data indicates the skin reaction rates for **CHG gel and CHG sponge were equivalent** at 0.3/1,000 device days.

Free, open access study available online: <https://doi.org/10.1007/s00134-019-05617-x>

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