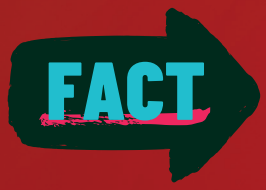
SPREAD THE FACTS ABOUT CRBSIs (catheter-related bloodstream infections) IN CVC-HD PATIENTS

CRBSIs are only a serious risk for long-term CVC-HD (central venous catheter for hemodialysis) patients.

A patient initiating hemodialysis on a central venous catheter is at much lower risk.



Any time with a CVC is time at risk.[1]

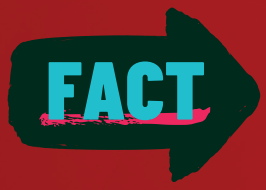
CRBSIs can occur within days or weeks of CVC insertion

- The median time of CRBSI emergence is just over 2 months[2]
- ~33% of CRBSIs occur within 1 month, and 50% of first CRBSIs emerge within 3 months[2,3]

Successful arteriovenous fistula (AVF) can take 4+ months to mature (median time, 111 days)[4]

CVCs are just a temporary stopgap until arteriovenous (AV) access is available.

Most CVC-HD is ultimately short-lived.

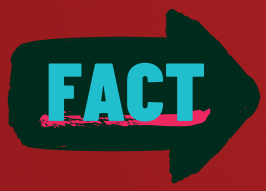


The average length of time on a CVC is 220 days—more than 7 months.[5]

Additionally, Black and Hispanic patients spend **up to 40 more days** on average with a CVC compared to White patients[5]

CVCs are only vulnerable to *extraluminal* contamination.

As long as the outside of the CVC is protected, patients are at low risk for CRBSI.



CVCs are vulnerable to contamination from both the *interior* and *exterior* of the lumen.[6]

There is risk of direct contamination of the CVC as well as at any point along the fluid pathway[6]

Intraluminal contamination is of particular concern for CVCs with dwell time longer than 10 days[6]

SPREADING CHANGE FOR CRBSIs STARTS WITH SPREADING THE FACTS

One catheter at a time, your organization can make small changes that make a big difference.

Visit CRBSIs.com to download this and other CRBSI informational resources.

AV=arteriovenous; AVF=arteriovenous fistula;
CRBSI=catheter-related bloodstream infection;
CVC=central venous catheter;
CVC-HD=central venous catheter for hemodialysis;
HD=hemodialysis.

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References: 1. Janum S, Zingg W, Classen V, Afshari A. Bench-to-bedside review: challenges of diagnosis, care and prevention of central catheter-related bloodstream infections in children. *Critical Care.* 2013;17(4):238. doi:10.1186/cc12730 **2.** Massey K, Rajagopalan K, Rajagopalan S, Grossman A, Chew P. Catheter-related bloodstream infections incidence and associated mortality risk: analysis of merged United States Renal Data System-Medicare claims. Poster presented at: ASN Kidney Week 2021; November 4-7, 2021; San Diego, CA. **3.** Massey K, Rajagopalan K, Seyedin R. Rapid incidence and emergence of catheter-related blood stream infections among CVC-dependent HD patients. Poster presented at: ASN Kidney Week 2022; November 3-6, 2022; Orlando, FL. **4.** Woodside KJ, Bell S, Mukhopadhyay P, et al. Arteriovenous fistula maturation in prevalent hemodialysis patients in the United States: a national study. *Am J Kidney Dis.* 2018;71(6):793-801. doi:10.1053/j.ajkd.2017.11.020 **5.** Arya S, Melanson TA, George EL, et al. Racial and sex disparities in catheter use and dialysis access in the United States Medicare population. *J Am Soc Nephrol.* 2020;31(3):625-636. doi:10.1681/ASN.2019030274 **6.** The Joint Commission. *Preventing central line–associated bloodstream infections: a global challenge, a global perspective.* Oak Brook, IL: Joint Commission Resources, May 2012.

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