

CLABSI rates have remained stable in neonatal, pediatric ICUs

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CAUTI rates in PICUs also remained stable; however, there were significant decreases in population-based CAUTI rates (incidence rate ratio per year, 0.92) and in indwelling urinary catheter utilization per year (odds ratio, 0.94).

"The newly observed plateau in CLABSI rates raises questions for continued quality improvement efforts in infection prevention and control," the authors write. "However, there were statistically significant decreases in both population-based CAUTI rates, as well as indwelling urinary [catheter](#) use, likely representing the success of efforts to encourage more judicious use of indwelling urinary catheters in critically ill hospitalized children."

More information: [Abstract/Full Text](#) ([subscription or payment may be required](#))

(HealthDay)—Among critically ill neonates and children, the rates of central catheter-associated bloodstream infections (CLABSI) remained stable from 2013 to 2018, while population-based catheter-associated urinary tract infection (CAUTI) rates decreased, according to a study published online Oct. 5 in *JAMA Pediatrics*.

Heather E. Hsu, M.D., M.P.H., from the Boston University School of Medicine, and colleagues examined changes over time in CLABSI and CAUTI rates between 2013 and 2018 in [neonatal intensive care units](#) (NICUs) and pediatric intensive care units (PICUs) using data from 176 U.S. hospitals.

The researchers observed no significant changes in yearly trends in device-associated and population-based CLABSI rates or central catheter utilization in NICUs. In PICUs, results were similar, with no changes in device-associated and population-based CLABSI rates and central catheter utilization. Over time, device-associated

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