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Summary

A RETROSPECTIVE EXAMINATION OF RISK FACTORS FOR CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS IN HOME PARENTERAL NUTRITION PATIENTS FROM A QUEENSLAND TERTIARY HOSPITAL

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A retrospective study of 34 Australian patients receiving home parenteral nutrition found regular opioid use associated with increased central line-associated bloodstream infection risk, with low catheter salvage rates and delayed effective antibiotic therapy.

KEY POINTS

- Regular opioid use was associated with increased CLABSI risk (p=0.016), while geographical remoteness and tropical climate were not predictive of infection in first central venous catheters
- The overall infection rate was 1.02 per 1000 catheter days, with Enterobacterales (22%) and coagulase-negative Staphylococcus (18%) the most common causative organisms
- Only 50% of patients received empiric antimicrobials within the 3-hour sepsis timeframe, with just 25% receiving adequate pathogen coverage and median time to effective therapy of 22.7 hours
- CVC salvage was attempted in only 8% of CLABSI episodes (3 of 39), all successful, representing potential missed opportunities for venous access preservation
- The authors recommend an empiric regimen of vancomycin, cefepime and caspofungin for Australian intestinal failure units with similar antimicrobial patterns, expected to be effective in 84.6% of cases

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