

What the experts say

Antiseptic patient bathing

Chlorhexidine gluconate (CHG) is an antiseptic that has broad spectrum activity against many organisms, including *Staphylococcus aureus* and *Enterococcus* spp. Unlike many other antiseptics, CHG has residual antibacterial activity, making it ideal for decreasing microbial burden on patients' skin and preventing secondary environmental contamination.¹

Recommendations and guidelines

The Society for Healthcare Epidemiology of America (SHEA)²

"To gain maximum antiseptic effect of chlorhexidine, adequate levels of CHG must be achieved and maintained on the skin. Typically, adequate levels are achieved by allowing CHG to dry completely."

American Association of Critical-Care Nurses (AACN)³

- Use prepackaged bathing products to reduce process variation.
- Bathe patients daily using a disposable cloth that is prepackaged with a 2 percent solution of chlorhexidine gluconate (CHG). Use of CHG is associated with significant reductions in colonization of specific bacteria and infections with multidrug-resistant organisms.

Published outcomes

Reducing Transmission of Antibiotic-Resistant Organisms (AROs) Through Daily Antiseptic Patient Bathing⁴

- 52% reduction of ARO transmissions across 5 medical units
- Compliance has been documented to be approximately 89%

Antiseptic Bathing with Chlorhexidine Gluconate Wipes Protocol Reduces Hospital-Acquired Multidrug Resistant Organism Transmission⁵

- 31% relative reduction in Multi-Drug Resistant Organism (MDRO) transmission

Differential Effects of Chlorhexidine Skin Cleansing Methods on Residual Chlorhexidine Skin Concentrations and Bacterial Recovery⁶

- A randomized, two-center, blind study, found that cleansing with 2% CHG-impregnated cloths yielded higher residual CHG concentrations and lower bacterial densities than cleansing with 4% CHG liquid.

References: 1. Climo MW, Yokoe DS, Warren DK, et al., Daily Chlorhexidine Bathing-Effect on Healthcare-associated BSI and MDRO Acquisition, *New England Journal of Medicine*, 2013, February 07;368(6):533-42. 2. Anderson DJ, Podgorny K, Berrios-Torres SI, et al., Strategies to Prevent Surgical Site Infections in Acute Care Hospitals: 2014 Update, SHEA/IDSA Practice Recommendation, *Infection Control and Hospital Epidemiology* 2014;35(6):605-62. 3. AACN Updates Patient Bathing Practices Protocol, *Infection Control Today*, April 18, 2013. Available at: <https://www.infectioncontrolday.com/hand-hygiene/aacn-updates-patient-bathing-practices-protocol>. Accessed April 28, 2020. 4. Raggiunti P, Transmission of Antibiotic-Resistant Organisms (AROs) Through Daily Antiseptic Patient Bathing, Rouge Valley Health System, Poster presented at: Ontario Agency for Health Protection and Promotion, Provincial Infectious Diseases Advisory Committee. Annex A – Screening, testing and surveillance for antibiotic-resistant organisms (AROs). Annexed to: Routine Practices and Additional Precautions in All Health Care Settings. Toronto, ON: Queen's Printer for Ontario; 2013. 5. Hamel F, Morlese J, Frenette, C, Antiseptic Bathing with Chlorhexidine Gluconate Wipes Protocol Reduces Hospital-Acquired Multidrug Resistant Organism Transmission, Poster presented at: IPAC Canada 2015 National Education Conference; Victoria Conference Centre, Victoria; June 14-18, 2015. 6. Rhee Y, Palmer L, Okamoto K, et al., Differential Effects of Chlorhexidine Skin Cleansing Methods on Residual Chlorhexidine Skin Concentrations and Bacterial Recovery, *Infection Control & Hospital Epidemiology*, 2018, 1-7.