

# From CLABSI to CABSI: Protect every line, every time



APIC is the leading association for infection preventionists, advancing the science and practice of infection prevention with over 15,000 members. Released in June 2025, the **APIC Guide to Preventing Catheter-Associated Bloodstream Infections (CABSI) in Adults** offers tools and a framework to reduce bloodstream infection (BSI) risk from any vascular access device (VAD) in adults.<sup>1</sup>

## Shining a light on CABSI awareness

Expanding the lens to include all catheter types marks an important shift in focus for infection prevention. As it stands, bloodstream infections from non-central vascular access devices (CVADs) continue to occur but often go unaddressed under the current central line-associated bloodstream infection (CLABSI) surveillance definition.

### Central Line-Associated Bloodstream Infection (CLABSI)

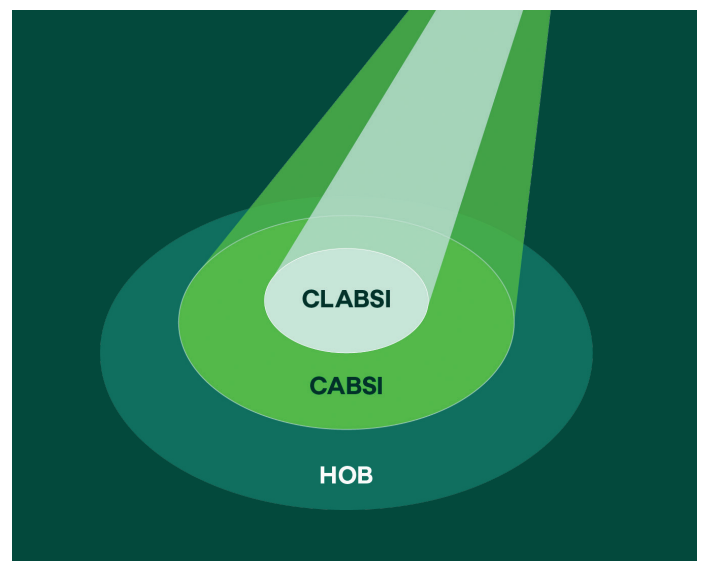
Laboratory-confirmed BSI in a patient who has had any CVAD in place at the time of, or the day before, the onset of the infection, and the infection is not related to an infection at another site. The original CVAD or a series of one or more CVADs must be in place for greater than 2 consecutive calendar days.<sup>2</sup>

### Catheter-Associated Bloodstream Infections (CABSI)

Laboratory-confirmed BSI in a patient who has had any VAD in place at the time of, or the day before, the onset of the infection, and the infection is not related to an infection at another site. The original catheter or a series of one or more VADs must be in place for greater than 2 calendar days.<sup>1</sup>

### Hospital-Onset Bacteremia and Fungemia (HOB)

Bacterial or fungal pathogen identified from a blood culture on hospital day 4 or greater.<sup>3</sup>



While reporting requirements currently differ across catheter types, all vascular access leads to the same bloodstream. Protecting the patient starts with applying the same standard of care to every device.

# CABSI Prevention Best Practices Summary

This section is intended to summarize care and maintenance practices that are considered essential for preventing CABSI. Please refer to the complete prevention implementation guide for details at [Go.Solventum.com/APIC-CABSI](https://www.go-solventum.com/APIC-CABSI).

## Essential Elements (see pages 40 and 41 of the prevention implementation guide for the full list of Essential Elements)

Essential Elements: Insertion	Rationale
Use appropriate insertion practices, including aseptic, and sterile technique, which involves use of hand hygiene, gloves, and sterile supplies. <sup>4,5,6,7</sup>	Appropriate use of aseptic and/or sterile technique minimizes the risk of introducing pathogens into the bloodstream.
Ensure appropriate securement and stabilization after insertion. <sup>5,6,7</sup>	Appropriate securement and stabilization decrease the risk of dislodgement, which decreases risk for microtrauma and the potential need for exchanging catheter. Stabilization can also impact the ease of VAD maintenance.
Essential Elements: Maintenance	Rationale
<p>Ensure the dressing remains clean, dry, intact, and changed every 7 days and immediately as needed when not clean, dry, or intact.<sup>4,5,6,7</sup></p> <ul style="list-style-type: none"> <li>• Use CHG-containing dressings for adult patient with CVADs.<sup>4,5,6</sup></li> <li>• Consider the potential benefit of CHG-containing dressings for peripheral intravenous catheters (PIVCs).<sup>7</sup></li> </ul>	Dressings help reduce microbial growth near the VAD insertion site.
Ensure appropriate disinfection of the catheter access point prior to accessing, and only attach sterile devices to the catheter hub. <sup>1,2,3,4</sup>	Microbial burden of the catheter hub/needleless connector is minimized with appropriate disinfection. This reduces the risk of introducing intraluminal pathogens when administering infusates.

## Additional Practices (see pages 44 and 45 of the prevention implementation guide for the full list of Additional Practices)

Additional Practice: Insertion	Implementation Tasks
Use a bundle for VAD insertions.	Create an insertion bundle by utilizing 3-5 elements with the strongest evidence.
Utilize a custom insertion kit to enhance the safety and efficacy of VAD insertion procedures.	Create and utilize custom kits to enhance efficiency, safety, and efficacy of VAD insertion procedures, in conjunction with a high-reliability quality and safety program.
Additional Practice: Maintenance	Implementation Tasks
Utilize a bundle for VAD care and maintenance.	Create/utilize a post-insertion care bundle by utilizing evidence from available literature.
Utilize custom dressing change kits.	Create and utilize custom kits to improve dressing changes.
Consider the use of new materials for maintenance practices. <sup>4,5,6,7</sup>	Consider implementing new materials that may further lower CABSI rates after other improvement efforts have been established.

## Monitoring a CABSI Prevention Program

Both outcome and process measures are essential to ensuring quality care and patient safety in the prevention of CABSI. For a detailed overview of recommended measures and how to apply them, refer to Section 4 of the full APIC CABSI Prevention Implementation Guide.



# The Solventum CABSI Bundle

APIC's new implementation guide outlines best practices<sup>1</sup> for preventing CABSI in adult patients. We've paired our portfolio of products with the latest recommendations to streamline implementation in your healthcare facility. Refer to the prevention implementation guide for a comprehensive overview of these practices.



## Prepare

### Hand hygiene



#### 3M™ Avagard™ D Instant Hand Antiseptic with Moisturizers

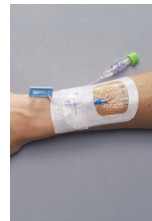
This emollient-rich formulation contains 61% w/w ethyl alcohol and is gentle enough for frequent use.

### CHG-containing dressings and securement



#### 3M™ Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressings<sup>8</sup>

Comprehensively designed to combine the most critical elements of IV site care into a single, easy-to-use product that delivers exceptional patient care through antimicrobial protection, advanced catheter securement, and gentle removal.



#### 3M™ Tegaderm™ Antimicrobial I.V. Advanced Securement Dressing

Integrated design with CHG formulated into the dressing adhesive combines antimicrobial protection with site visibility, catheter securement, and consistent application for peripheral IVs.



## Secure

### Disinfection of catheter access point



#### 3M™ Curod™ Disinfecting Port Protectors<sup>9</sup>

Consistent disinfection and protection for all intraluminal access points. A proven solution that disinfects in 1 minute and protects for up to 7 days. Consistent use of Curod disinfecting caps on IV needleless connectors is associated with decreased CLABSIs.



## Protect

### Skin protection



#### For all patients



#### 3M™ Cavilon™ No Sting Barrier Film

A CHG-compatible<sup>10</sup> alcohol-free skin barrier proven to help protect skin from adhesive skin damage. Easy-to-open peel-down packaging allows for aseptic delivery.



#### For patients with at-risk or damaged skin



#### 3M™ Cavilon™ Advanced Skin Protectant

A long-lasting barrier that protects the skin for up to 7 days and is breathable, allowing for moisture-vapor transmission that helps keep skin comfortable.

Shown to increase the adhesion of acrylic-based adhesive dressings.<sup>10,11</sup>

## Adjunct securement



### 3M™ Tube Securement Device

Designed for securement power and skin performance in an easy-to-use solution. Intended to support medical adhesive-related skin injury (MARS) and pressure injury prevention practices.



### 3M™ Micropore™ S Surgical Tape

An effective yet gentle multipurpose tape that is suitable for secondary securement on all patients, including those with at-risk skin. Available in single-use-length rolls.

## Decolonization



### 3M™ Skin and Nasal Antiseptic (povidone-iodine solution 5% w/w (0.5% available iodine) USP) Patient Preoperative Skin Preparation

The APIC Guide to Preventing CABS in Adults mentions daily CHG treatment for adult patients.<sup>1</sup> Consider incorporating second used treatment - 3M™ Skin and Nasal Antiseptic into your decolonization bundle.<sup>1</sup>

## Monitoring for better outcomes

As information and recommendations rapidly evolve, it can be difficult for healthcare professionals to keep up with the latest standards and ensure their staff is trained appropriately. Our **Peak Clinical Outcomes Program** is a collaborative approach to successfully implement and sustain your clinical outcomes for IV-care best practices.

To read the full Implementation guide and learn how you can prevent CABS in your patients, visit **[Go.Solventum.com/CABSprevention](https://Go.Solventum.com/CABSprevention)** or connect with your local Solventum representative.



NOTE: Specific indications, contraindications, warnings, precautions, and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application.

1. APIC Guide to Preventing Catheter-Associated Bloodstream Infections in Adults. Association for Professionals in Infection Control and Epidemiology (APIC); June 2025.

2. Centers for Disease Control and Prevention. NHSN Patient Safety Component Manual: CLABSI.

3. Hospital Onset Bacteremia, American Hospital Association, 2023. <https://www.aha.org/sponsored-executive-dialogues/2023-03-13/hospital-onset-bacteremia>. Accessed January 23, 2025. s4: Buetti N, Marschall J, Drees M, et al. Strategies to prevent central line-associated bloodstream infections in acute-care hospitals: 2022 update. *Infect Control Hosp Epidemiol*. 2022;43(5):1-17. <https://doi.org/10.1017/ice.2022.87>.

4. O'Grady NP, Alexander M, Burns LA, et al. Guidelines for the prevention of intravascular catheter-related infections. *Clin Infect Dis*. 2011;52(9):e162-e193. doi:10.1093/cid/cir257. Updated April 12, 2024.

5. Nickel B, Gorski LA, Kleidon TM, et al. Infusion therapy standards of practice. *J Infus Nurs*. 2024; 47(suppl1):S1-S285. doi:10.1097/NAN.0000000000000532

6. Thompson J, Steinheiser MM, Hotchkiss JB, Davis J, DeVries M, Frate K, Helm R, Jungkans CW, Kakani S, Lau S, Lindell K, Landrum KM, McQuillan KA, Shannon DJ, Wuerz L, Pitts S. Standards of care for peripheral intravenous catheters: Evidence-based expert consensus. *Br J Nurs*. 2024 Nov 21;33(21):S32-S46. doi: 10.12968/bjon.2024.0422. PMID: 39585227.

7. Important safety information for 3M™ Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressing. Do not use 3M™ Tegaderm™ CHG I.V. Securement Dressing on premature infants or infants younger than two months of age. Use of this product on premature infants may result in hypersensitivity reactions or necrosis of the skin. The safety and effectiveness of 3M™ Tegaderm™ CHG I.V. Securement Dressing has not been established in children under 18 years of age. For full prescribing information, see the Instructions for Use (IFU).

8. For full prescribing information, see the Instructions for Use (IFU). Rx only.

9. Solventum data on file: EM-05-005732 and EM-05-002049.

10. Based on data from ex vivo porcine model.

11. When product is used under adhesive tapes, dressings, or devices, allow it to dry for 1 minute before covering with adhesive products. Use an adhesive remover containing HMDS to remove an adhesive product that has been placed over the film. This is especially important for patients with fragile skin.



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