



Dipartimento Tutela della Salute
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Utilizzando tecniche statistiche di analisi temporale degli eventi e di regressione multivariata, i ricercatori di questo ampio studio multicentrico hanno dimostrato un decremento statisticamente significativo delle CRBSI del 66%, approssimativamente 18 mesi dopo l'inizio degli interventi preventivi [69], nonché una loro riduzione protratta nel tempo [369]. A seconda dell'area identificata come oggetto di potenziale miglioramento della performance clinica, ogni istituzione dovrebbe preoccuparsi di definire strategie specifiche e soprattutto una misura oggettiva di determinati parametri su cui basare il giudizio di efficacia (es.: incidenza di infezione da CVC, percentuali di linee centrali posizionate adottando, in maniera documentata, tutti o singoli elementi del *bundle*).

Infine, a parte la tecnica di impianto, l'enfasi sull'assistenza e la gestione del catetere venoso centrale dovrebbe essere punto focale per il miglioramento della *performance* e garanzia di qualità in tutti i progetti. Uno studio clinico ha investigato la pratica e la conoscenza da parte dello staff riguardo alla gestione post-implanto dei CVC e ha potuto identificare determinati aspetti della gestione del catetere in cui sussistono ampli margini di miglioramento [370]. Lo studio ha preso in considerazione 151 CVC in 106 pazienti per un totale di 721 giorni-catetere. In tutto, sono stati identificati 323 comportamenti non appropriati durante la gestione, che hanno comportato un tasso di complicanze del 44.8%, con significativa differenza tra le unità di terapia intensiva ed i reparti non intensivi. I più frequenti errori di gestione dei CVC furono il mantenimento *in situ* di medicazioni non integre e la manipolazione scorretta dei cappucci (158 e 156 episodi per 1000 giorni-catetere rispettivamente). Gli interventi volti ad aumentare la qualità dell'assistenza dovrebbero avere come obiettivo la ricerca di strategie che rendano più facile la applicazione pratica delle raccomandazioni basate sulle prove di efficacia.

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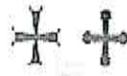
5) Informare il team clinico degli episodi di CRBSI e della loro incidenza complessiva;

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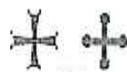
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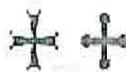


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Linee guida per la prevenzione delle infezioni da cateteri intravascolari	Rev. n° 0 del 01.06.2014
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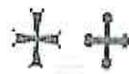
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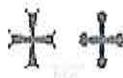
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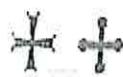
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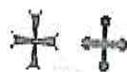
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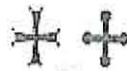
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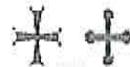
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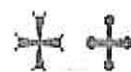
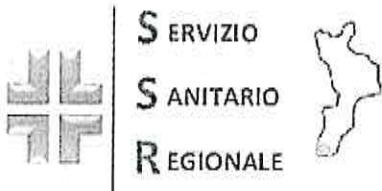
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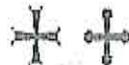
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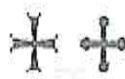
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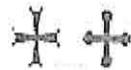
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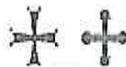
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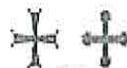
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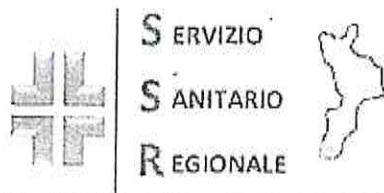
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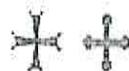
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