

## 12.º Congresso Brasileiro de

## Terapia Intensiva Pediátrica

11.º Congresso da Sociedad LatinoAmericana de Cuidados Intensivos Pediátricos

> 13 a 16 de junho de 2012 São Paulo - SP

## Trabalhos Científicos

**Título:** Suspected Infection Of Central Venous Catheters In Pediatric Intensive Care Unit (picu)

Autores: ARIAS LOPEZ MARIA DEL PILAR (HOSPITAL DR RICARDO GUTIERREZ); GLADYS A. PALACIOS (HOSPITAL DR RICARDO GUTIERREZ); INJA KO (HOSPITAL DR RICARDO GUTIERREZ); CLELIA CHAVES (HOSPITAL DR RICARDO GUTIERREZ); JULIO A FARIAS (HOSPITAL DR RICARDO GUTIERREZ)

Resumo: Objectives: Determine the rate of catheter associated bloodstream infection (CA-BSI) between the catheters removed for suspected infection. Describe the symptoms associated with suspected infection of central venous catheter (CVC). Analyze patient and CVC characteristics that may be associated with the presence of CA-BSI. Methodology: Prospective, observational study. Monitoring of patients with CVC hospitalized more than 24 hours in PICU was performed between January 1 to December 31, 2011. Descriptive statistics were used to analyze the data. Continuous variables were analyzed with Mann- Whitney test. Categorical data were analyzed with Chi Squared test. A p value ;Ü 0.05 was considered statistically significant Results: during the study period 342 patients were admitted to the PICU. 172 (50%) had a CVC in place. 394 CVC were monitored. 48.9% (193/394) were removed for suspected infection. The clinical or laboratory signs associated with CVC suspected infection were: fever 92/193 (47.7%), shock 29/193 (15%), placement intrabacteriemia 13/193 (6.7%) and catheter exit site erythema 6/193 (3%).CA-BSI was confirmed in 15% (29/193) of cases. CA-BSI was associated with the presence of shock as a presenting symptom (p = 0.0031) and use of CVC for infusion of parenteral nutrition (PN) (p = 0.048). There was not statistically significant difference for other uses of the CVC, patient characteristics (age, PIM2, comorbidities, immunosuppression, malnutrition), laboratory data (leukocyte count, CRP) or catheter characteristics. Conclusions: A high percentage of CVC are removed for suspected infection. The presence of shock as a presenting symptom and the use of CVC for infusion of PN was associated with CA-BSI.