



Controlling Infections in Pediatric ICUs

January 30, 2012 by *Patrick A. Malone*

Hospital infections have been a hot topic for a few years now, and most hospitals have made strides toward cleaning up their microbial act. A recent story in [Consumer Reports](#), however, presents a bad news-goods news scenario about hospital-acquired infections in pediatric intensive care units.

Pediatric ICUs, the consumer group found, often have higher infection rates than ICUs for adults. The most threatening infections are delivered by catheters, tubes that provide nutrition, fluids and medication. If not inserted and managed under completely sterile conditions, they can spread infection throughout the body. In 2009, 1 in 4 of such infections were fatal.

Children are more susceptible to infection because their immune systems are less developed. And the very ill kids in ICUs are particularly vulnerable.

Part of the difficulty of infection control, [Consumer Reports](#) said, concerns lack of information: "Of the 423 pediatric intensive-care units in the U.S., information on bloodstream infection rates is publicly available for less than half." You cannot solve a problem of which you're unaware.

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By analyzing information from 92 pediatric ICUs in 31 states and Washington, D.C., Consumer Reports concluded that they carried an infection rate 20 percent higher than national rates for adult ICUs.

That's the bad news. The good news is that parents can do something to minimize the chances of their child contracting an infection courtesy of the ICU.

If your child requires ICU care, and if your proximity, doctor's admitting privileges and insurance coverage permit you to choose among hospitals, **examine their respective infection rates** as charted on the Consumer Reports website.

In choosing a pediatrician, find out where he or she has admitting privileges, and how those hospitals have performed.

If you don't have the luxury of choice—and even if you do—here's the Consumer Reports prescription for keeping infections at bay.

Ask the staff how you can help. A nurse has several patients to care for; parents have one. Watch that the central line stays clean, and that everyone in contact with it scrubs it clean and uses sterile equipment to access it.

Make sure the hospital follows best practices for inserting and maintaining central lines. This means disinfecting the site and changing the dressings regularly and standardizing procedures for changing the catheter caps and tubes. Following a regular routine with the proper tools is more protective than re-inventing the wheel each time. It's not your job to know each of the steps; simply asking about them can remind staff to be extra vigilant about adhering to the safety measures.

Ask if the central line is still needed. Smaller veins can make it more difficult to insert catheters into a child, so sometimes doctors prefer to leave it in until they're sure it's no longer necessary. And once a child has a central line, often it's used for blood samples, reducing a child's exposure to traumatic needle sticks. Those practices can be good medicine, but they're not without risk.

Keep hands clean. Make sure you, visitors and the hospital staff wash their hands with soap or an alcohol-based solution before touching your child or the catheter.

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Watch the catheter. The line can come into contact with a diaper; a fidgeting child might put the lines in his or her mouth.

Take notes. Keep track of how often hospital staff change the catheter or dressing and how long the catheter has been in.

Raise an alarm. If something seems amiss, trust your instincts. Voice them and make sure someone responds.

Share your story. If you or someone you care for has been harmed by a hospital-acquired infection, contact Consumer Union's [Safe Patient Project](#), which raises awareness about hospital safety. That site offers a wealth of information about how patients can influence their care and that of their loved ones in positive ways.

Another resource for hospital patients, and potential patients, is Consumer Reports [hospital survival guide](#).

Also, see our Web page on [hospital monitoring](#).

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