

透析血管通路研討會

血液透析腎友的臨床照護

安慎診所長慎醫院中慎診所 腎臟科 林世杰 醫師 2023/10/22



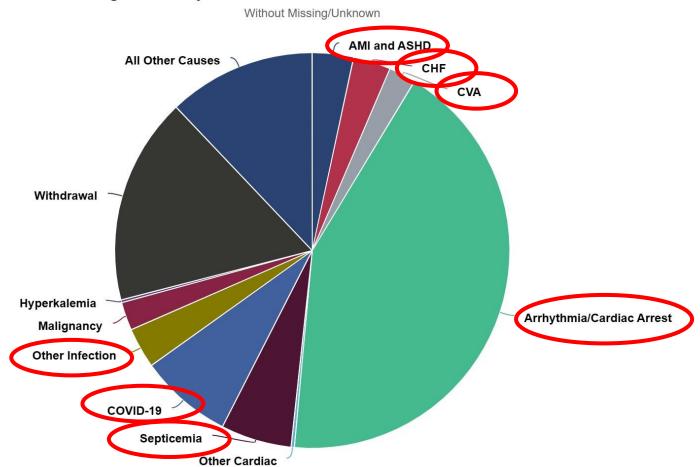
• 多面向(Hb, Alb, Ca/P, fluid, HbA1C, Kt/V, CTR, BP.....)

• 團隊合作(醫師、護理師、營養師、病人)

- 减少合併症
- 降低住院率
- 提升存活率(降低死亡率)

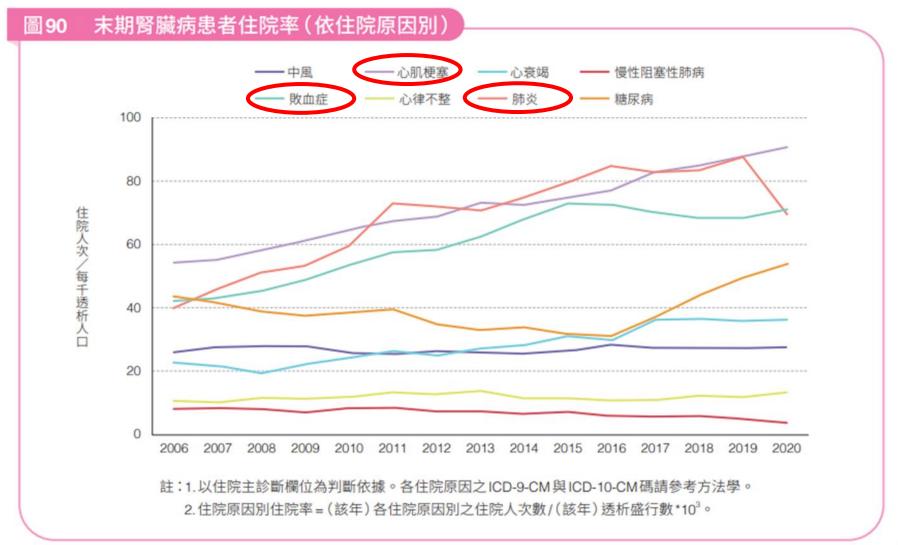


Figure 6.6a Percentages of cause-specific mortality, with and without inclusion of missing and unknown causes of death, in patients with ESRD receiving hemodialysis, who died in 2020



Data Source: 2022 United States Renal Data System Annual Data Report







- 住院原因、死亡原因:感染 (僅次於心血管疾病)
- 高風險因素 經常藉由血管通路進行透析 免疫力差 頻繁住院 營養不足 透析不足.....







血管通路

(Vascular access)

CS 血液透析病人的第二生命 (lifeline for lifetime)

3 動靜脈廔管

自體(AVF, arterial-venous fistula)

人工(AVG, arterial-venous graft)

68中心静脈導管

Double-lumen catheter (non-tunneled)

Permanent catheter (tunneled)



局部感染 (v.s 發炎)紅、腫、熱、痛分泌物 (組織液、膿液)

• 血行性感染 (bloodstream infection)



瘻管感染 (shunt infection)





室慎診所 導管出口感染

(exit site infection)





皮下通道感染

(Tunnel infection)





室慎診Bloodstream infection

• 血行性感染 (bloodstream infection, BSI)

• ≈ bacteremia/septicemia/sepsis (菌)敗血症

- 腎友住院、併發症、死亡的重要因素 10~35% of all-cause mortality Scientifc Reports | (2022) 12:18003
- 併發症:

infective endocarditis 感染性心內膜炎
vertebral osteomyelitis 脊椎骨髓炎
septic arthritis 感染性關節炎 The needs of patient come first.



安慎診Bloodstream infection

• 危險因子:

長期使用中央靜脈導管 靜脈導管感染病史 糖尿病 免疫力下降 白蛋白低 近期手術

CJASN 15: 132–151, 2020;

Scientifc Reports | (2022) 12:18003



室慎診Bloodstream infection

• 透析管路,尤其是導管(皮膚常在菌)

中央靜脈導管: v.s AVF/AVG 發生率: 8~10 倍

住院率/死亡率:2~3倍

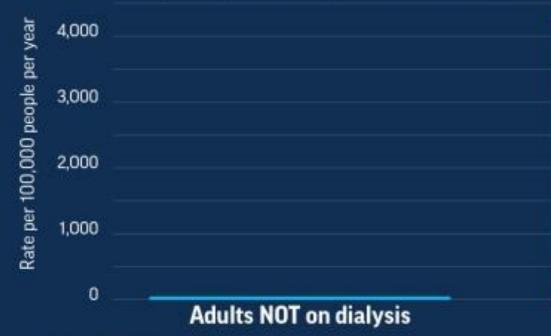
• Non-tunnel (v.s Tunnel): 2~3 倍

CJASN 15: 132–151, 2020



Adults on Dialysis Have Higher Rates of Staph Bloodstream Infections

Use proven practices to prevent bloodstream infections in people on dialysis





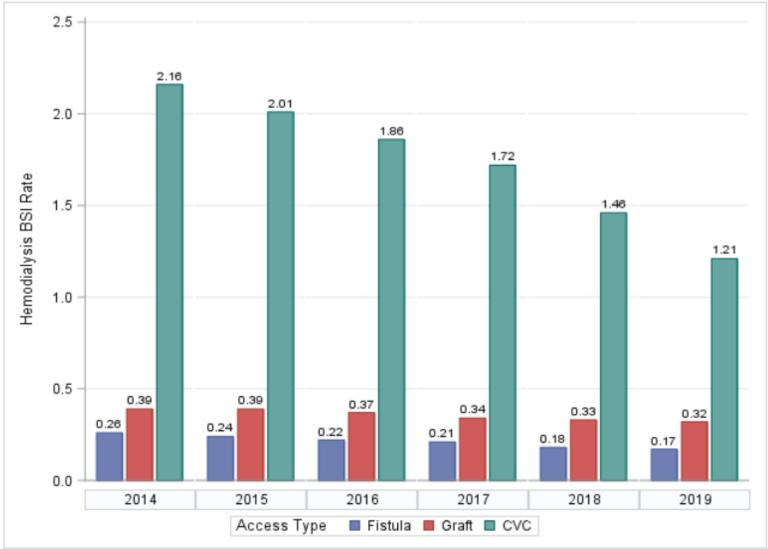
Adults on dialysis



MMWR

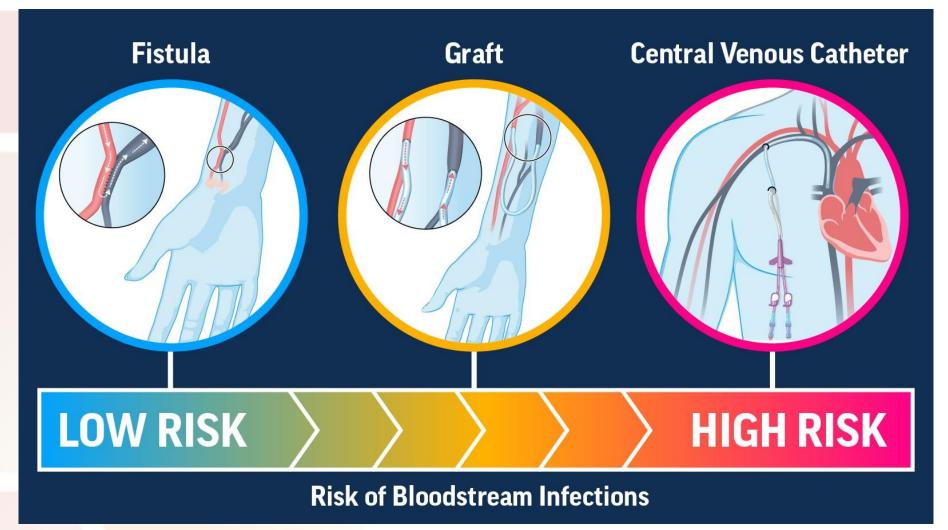






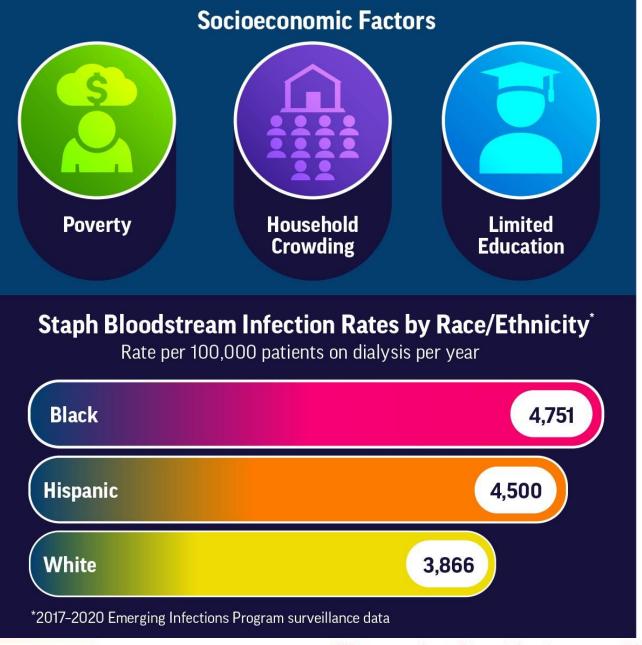
















• In 2019

Staphylococcus aureus (33%) 金黃色葡萄球菌

Coagulase-negative Staphylococcus species (21.3%)

Enterococcus faecalis (5.2%)

Escherichia coli (5.1%)

Klebsiella species (4.2%)

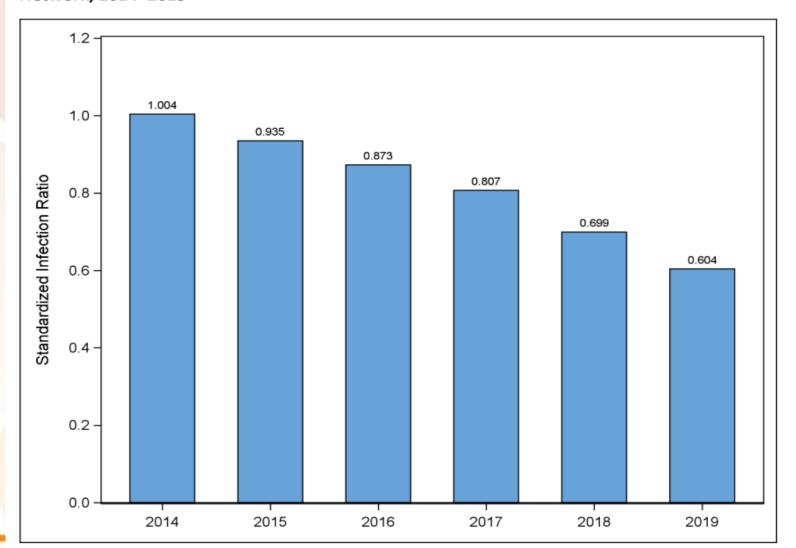
Enterobacter cloacae (3.3%)

- In 2020 MMWR / February 10, 2023 / Vol. 72 / No. 6
 - > 14,000 bloodstream infections in dialysis patients
 - > 1/3 staph





Figure 1. Dialysis Bloodstream Infection Standard Infection Ratio by Year, National Healthcare Safety Network, 2014–2019







• Preventable 可預防的 (預防措施的廣泛推廣使用)

- · 慢性腎病變 (CKD):預防發生、延緩惡化
- 提升低風險透析通路的使用比率(減少導管使用)

• 將有效預防措施全面性推廣到透析治療單位





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CDC Approach to BSI Prevention in Dialysis Facilities

(i.e., the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention)

1. Surveillance and feedback using NHSN

Conduct monthly surveillance for BSIs and other dialysis events using CDC's National Healthcare Safety Network (NHSN). Calculate facility rates and compare to rates in other NHSN facilities. Actively share results with front-line clinical staff.

2. Hand hygiene observations

Perform observations of hand hygiene opportunities monthly and share results with clinical staff.

3. Catheter/vascular access care observations

Perform observations of vascular access care and catheter accessing quarterly. Assess staff adherence to aseptic technique when connecting and disconnecting catheters and during dressing changes. Share results with clinical staff.

4. Staff education and competency

Train staff on infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months and upon hire.

5. Patient education/engagement

Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

6. Catheter reduction

Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

7. Chlorhexidine for skin antisepsis

Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes.*

8. Catheter hub disinfection

Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**

9. Antimicrobial ointment

Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

- * Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.
- ** If closed needleless connector device is used, disinfect device per manufacturer's instructions.
- *** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites). Use of chlorhexidine-impregnated sponge dressing might be an alternative.

For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit http://www.cdc.gov/dialysis







• Surveillance and feedback using NHSN 定期統計、回報每月感染(BSI)人數

Hand hygiene observations
 每個月監測工作人員手部清潔

• Catheter/vascular access care observations 每季監測透析管路照護技巧包括:管路評估(感染與否)、無菌技術(上下針、換藥)



Staff education and competency

人員感染管控教育訓練

每6~12個月進行導管評估、照護技巧的能力評估

Patient education/engagement

病人衛教、參與

管路照護、感染徵兆、手部清潔、

使用導管的風險、管路的突發狀況處置

Catheter reduction

透過衛教、找出原因,降低導管使用 of patient come first



 Chlorhexidine for skin antisepsis
 優先使用chlorhexidine作為導管周圍皮膚消毒 酒精或優碘(含酒精佳)作為替代選擇

- Catheter hub disinfection
 確實消毒導管注射帽(透析治療前後)
- Antimicrobial ointment

導管出口換藥時,使用優碘藥膏或抗生素藥膏(bacitracin/gramicidin/polymyxin B ointment)

選擇藥膏,要先確定不會破壞導管材質 The needs of patient come first.



• 落實管路照護 (無菌操作)

• 確實手部清潔

• 病人衛教參與

• 定期教育訓練



安慎診動靜脈瘻管日常照護

Patients with Fistulas or Grafts



to prevent Dialysis Infections

U.S. Department of Health and Human Services Centers for Disease Control and Prevention



www.cdc.gov/ckd www.cdc.gov/dialysis/patient



Take care of your dialysis access site at home. Avoid scratching or picking it. 居家照護廔管,需避免抓或摳 Wash your hands often, especially before and after dialysis treatment.

經常洗手,尤其是透析治療前

TIP

Wash or cleanse your dialysis

access site prior to treatment 透析治療前,沖洗清潔廔管注 射部位



Know the steps your healthcare providers should take when using your dialysis Know the signs and symptoms of infection and what to do if you think you

Know what to do if you have any problem with your dialysis access site.

access for treatment.了解治療前照體地震have an infection了解感染症狀

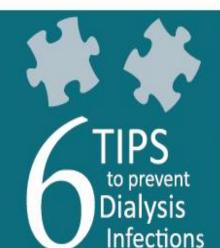
了解廔管有問題該怎麽處理





導管日常照護

Patients with Catheters



U.S. Department of Health and Human Services Centers for Disease Control and Prevention



www.cdc.gov/ckd www.cdc.gov/dialysis/patient



Catheters have a higher risk of infection. Ask your doctor about getting a fistula or graft

Learn how to take care of the catheter at home. Do not get it wet. 學習如何照顧導管,

instead.導管易感染,盡量以屢管取代

Wash your hands often, especially before and after

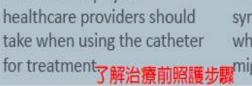
dialysis treatment. 經常洗手,尤其透析治療前後



Know the steps your healthcare providers should take when using the catheter Know the signs and symptoms of infection and what to do if you think you Know what to do if you have any problem with the catheter.

了解導管有問題該怎麽處理

might have an infection.了解感染症狀





alysis Col	laborati	ve	Facility Name			Date:	Stai	rt time:	AM	/PM
t Tool:	Arterio	venous	fistula/gr	aft cann	ulation o	bservatio	ons			
Site cleaned with soap and water	Hand hygiene performed (staff)	New, clean gloves worn	Skin antiseptic applied appropriately	Skin antiseptic allowed to dry	No contact with fistula/ graft site (after antisepsis)	Cannulation performed aseptically	Connect to blood lines aseptically	Gloves removed	Hand hygiene performed	Comments
					of procedures	porformed co	erroetly –			
oi observatioi	i period = _	''''	illutes		•	•	•	dit =		
IAL COMMEN	TS/OBSERV	ATIONS:								
	## F Tu Th So ## Tool: ## If action Site cleaned with soap and water ## P=physician of observation	Site cleaned with soap and water P=physician, N=nurse, 1 of observation period =	**Tool: Arteriovenous **Tool: Arteriovenous **Jool: Arteriovenous	Tool: Arteriovenous fistula/gr √" if action performed correctly, a "Φ" if not site cleaned with soap and water Hand hygiene performed (staff) New, clean gloves worn Skin antiseptic applied appropriately P=physician, N=nurse, T=technician, S=student, Cof observation period =minutes	Tool: Arteriovenous fistula/graft cann "if action performed correctly, a "Φ" if not perform Site cleaned with soap and water Hand hygiene performed (staff) New, clean gloves worn Skin antiseptic applied appropriately to dry P=physician, N=nurse, T=technician, S=student, O=other of observation period =minutes Number Total nur	Tool: Arteriovenous fistula/graft cannulation on the first cleaned with soap and water with soap and water of observation period =minutes New, clean gloves worn worn skin antiseptic applied appropriately still to dry worn of observation period =minutes New, clean gloves worn antiseptic applied appropriately worn worn of observation period =minutes No contact with fistula/ graft site (after antisepsic) allowed to dry with situla/ graft site (after antisepsis)	Tool: Arteriovenous fistula/graft cannulation observation If action performed correctly, a "Φ" if not performed. If not observed, lead Site cleaned with soap and water Hand hygiene performed (staff)	Tool: Arteriovenous fistula/graft cannulation observations If action performed correctly, a "O" if not performed. If not observed, leave blank) Site cleaned with soap and water (staff) New, clean gloves worn applied appropriately is performed. If not observed, leave blank) Skin antiseptic applied appropriately is to dry antisepsis. Skin antiseptic allowed to dry antisepsis. Skin antiseptic (after antisepsis) P=physician, N=nurse, T=technician, S=student, O=other of observation period =minutes Number of procedures performed correctly = Total number of procedures observed during auditions.	Tool: Arteriovenous fistula/graft cannulation observations If not observed, leave blank) Site cleaned with soap and water with soap and water of conserved (staff) P=physician, N=nurse, T=technician, S=student, O=other of observation period =minutes New, clean antiseptic allowed to dry Skin antiseptic allow	Tool: Arteriovenous fistula/graft cannulation observations If if action performed correctly, a "\$\Phi\$" if not performed. If not observed, leave blank) Site cleaned with soap and water Hand hygiene performed (staff) New, clean gloves worn Skin antiseptic applied appropriately Skin antiseptic allowed to dry Skin antiseptic allowed aseptically Skin antiseptic allowed to dry Ski





Hand					rmed. If no	ot <mark>observed, l</mark> ea	ations ve blank	()		
hygiene performed (staff)	New, clean gloves worn	Disconnect from blood line aseptically	Needles removed		Clean gauze /bandage applied to site	If other activities performed between needle removals, hand hygiene is performed and new, clean gloves are worn	Staff gloves removed	Staff hand hygiene performed	Patient gloves removed and hand hygiene performed (if applicable)	Comments
				,		71,717,11				
P =physiciar	n, N=nurse, T	=techniciar	n, S =stude	nt, O =other			ž ž		9	
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Checklist: Arteriovenous fistula/ graft cannulation

Clean site with soap and water
Perform hand hygiene (staff)
Put on new, clean gloves
Apply skin antiseptic and allow it to dry
Do not contact site (after antisepsis)
Insert needles aseptically
Connect to blood lines aseptically
Remove gloves
Perform hand hygiene





Checklist: Arteriovenous fistula/ graft decannulation

Perform hand hygiene (staff)
Put on new, clean gloves
Disconnect from blood lines aseptically
Remove needles aseptically and activate needle retraction device
Clean gloves worn (patient and/or staff) to compress site
Apply clean gauze/bandage to site
Remove gloves (staff and/or patient)

Perform hand hygiene (staff and/or patient)







· 台灣CDC



醫療機構血液透析感染管制措施指引

衛生福利部疾病管制署

108年7月8日

壹、 前言

血液透析的病人因為侵入性醫療處置、免疫防禦能力下降及治療照護 過程中醫療照護人員頻繁的接觸等多重因素,特別容易成為醫療照護相關 感染(healthcare-associated infections;HAI)的高危險性族群之一。本指引 為醫療機構降低血液透析感染風險之感染管制措施建議;亦可適用於腹膜 透析。

貳、 感染管制建議

- 一、 工作人員管理
 - (一)透析單位需有工作人員肝炎之紀錄並造冊【內容包含:B型肝炎病毒表面抗原(HBsAg)、B型肝炎病毒表面抗體(anti-HBs)、C型肝炎病毒抗體(anti-HCV)等】,並提供適宜的管理及保存方式,保障員工隱私。
 - (二)執行血液透析穿刺、收血等有可能產生血液、體液之飛濺時, 應穿戴隔離衣、手套、口罩、護目鏡或面罩等個人防護裝備。



附件三、以無菌操作技術執行血管內留置導管的透析管路連結與分離遵從性稽核

月 稽核日期: 日

稽核單位:

1918 1 12					
序號	1	2	3	4	5
工作項目	□管路連結	□管路連結	□管路連結	□管路連結	□管路連結
	□管路分離	□管路分離	□管路分離	□管路分離	□管路分離
人員職別	□醫師	□醫師	□醫師	□醫師	□醫師
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	□技術人員	□技術人員	□技術人員	□技術人員	□技術人員
	□其他	□其他	□其他	□其他	□其他
配戴口罩	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
執行手部衛生	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
配戴清潔/無菌	□是	□是	□是	□是	□是
手套	□否	□否	□否	□否	□否
以無菌技術	□是	□是	□是	□是	□是
移除注射帽	□否	□否	□否	□否	□否
(僅適用於管路連結)	□不適用	□不適用	□不適用	□不適用	□不適用
以無菌技術	□是	□是	□是	□是	□是
拆離透析管路	□否	□否	□否	□否	□否
(僅適用於管路分離)	□不適用	□不適用	□不適用	□不適用	□不適用
消 毒連接頭	□是	□是	□是	□是	□是
(scrub the hubs)	□否	□否	□否	□否	□否
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	□否	□否	□否	□否	□否
以無菌技術	□是	□是	□是	□是	□是
連結透析管路	□否	□否	□否	□否	□否
(僅適用於管路連結)	□不適用	□不適用	□不適用	□不適用	□不適用
以無菌技術套	□是	□是	□是	□是	□是
上新的注射帽	□否	□否	□否	□否	□否
(僅適用於管路分離)	□不適用	□不適用	□不適用	□不適用	□不適用
脫除手套	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
執行手部衛生	□是□□否	□是	□是□□否	□是□□否	□是□□否

ent come first.

稽核人員簽名:



n clinic 奉獻 陽愛 專

稽核日期:	年	月	E
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稽核單位:

序號	1	2	3	4	5
人員職別	□醫師	□醫師	□醫師	□醫師	□醫師
	□護理師	□護理師	□護理師	□護理師	□護理師
	□技術人員	□技術人員	□技術人員	□技術人員	□技術人員
	□其他	□其他	□其他	□其他	□其他
配戴口罩	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
	□不適用	□不適用	□不適用	□不適用	□不適用
執行手部衛生	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
配戴清潔/無菌	□是	□是	□是	□是	□是
手套	□否	□否	□否	□否	□否
使用適當消毒劑 (如:酒精性 chlorhexidine 或 酒精性優碘) 消毒病人皮膚	□是□否	□是□否	□是□否	□是□否	□是□否
等待消毒劑乾燥	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
完成消毒後不碰 觸導管置放部位 皮膚	□是 □否	□是 □否	□是 □否	□是 □否	□是 □否
在導管置放部位	□是	□是	□是	□是	□是
擦上抗菌藥膏	□否	□否	□否	□否	□否
以無菌技術覆	□是	□是	□是	□是	□是
蓋無菌敷料	□否	□否	□否	□否	□否
脫除手套	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
執行手部衛生	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否



附件五、以無菌操作技術執行廔管/人工血管的透析管路連結遵從性稽核表

稽核日期: 年 月 日

稽核單位:

序號	1	2	3	4	5
人員職別	□醫師	□醫師	□醫師	□醫師	□醫師
	□護理師	□護理師	□護理師	□護理師	□護理師
	□技術人員	□技術人員	□技術人員	□技術人員	□技術人員
	□其他	□其他	□其他	□其他	□其他
以肥皂和清水	□是	□是	□是	□是	□是
清潔病人皮膚	□否	□否	□否	□否	□否
執行手部衛生	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
配戴清潔/無菌手套	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
消毒病人皮膚	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
等待消毒劑乾燥	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
完成消毒後不碰 觸置針部位皮膚	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
以無菌技術置針	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
以無菌技術	□是	□是	□是	□是	□是
連結透析管路	□否	□否	□否	□否	□否
脫除手套	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
執行手部衛生	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否



附件六、以無菌操作技術執行廔管/人工血管的透析管路分離遵從性稽核表

稽核日期:	年	月	E
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稽核單位:

序號	1	2	3	4	5
人員職別	■醫師□護理師□技術人員□其他	■醫師□護理師□技術人員□其他	■醫師□護理師□技術人員□其他	■醫師□護理師□技術人員□其他	■醫師□護理師□技術人員□其他
執行手部衛生	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
配戴清潔/無菌手套	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
以無菌技術	□是	□是	□是	□是	□是
拆離透析管路	□否	□否	□否	□否	□否
以無菌技術	□是	□是	□是	□是	□是
移除穿刺針	□否	□否	□否	□否	□否
病人或工作人員 配戴清潔/無菌手 套按壓穿刺部位	□是□否	□是□否	□是□否	□是 □否	□是□否
以清潔紗布/繃帶	□是	□是	□是	□是	□是
覆蓋穿刺部位	□否	□否	□否	□否	□否
脫除手套	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否
執行手部衛生	□是	□是	□是	□是	□是
	□否	□否	□否	□否	□否

稽核人員簽名:



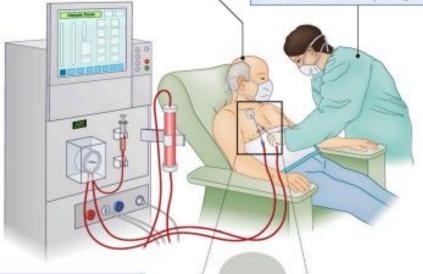


Patient education

- · Inform of the risks of long-term catheter use
- · Catheter reduction planning
- Consider alternative kidney replacement therapy options (peritoneal dialysis, transplant evaluation)
- · Education on catheter care at home including how to shower safely

Hemodialysis staff

- Surveillance for bloodstream infections and share feedback using National Healthcare Safety Network - Dialysis Surveillance
- · Perform hand hygiene observations and share results with hemodialysis staff monthly
- Perform observations of catheter exit-site care and connection/disconnection staff and assess adherence with aseptic technique every 3 months
- Staff education and competency every 6 months



Nares and skin decolonization

· In select patients, consider screening for Staphylococcus aureus colonization and treating with a decolonization protocol in patients with a catheter and prior Staphylococcus aureus bloodstream infection

Catheter exit site care

CDC recommendations:

- · Skin antiseptic: alcohol-based chlorhexidine (> 0.5%), povidone-iodine 10%, or 70% alcohol during dressing changes
- Topical ointments: povidoneiadine or polysporin triple antibiotic ointment application during dressing changes Novel therapy:
- · Chlorhexidine-impregnated dressing changed weekly

Catheter lumen and hub care

CDC recommendations:

- · Catheter hub disinfection 'scrub the hub': alcohol-based chlorhexidine (> 0.5%), povidone-iodine 10%, or 70% alcohol every time the catheter is connected or disconnected
- Restricted use of antibiotic locks as prophylaxis in patients with history of catheter use and multiple bloodstream infections despite adherence to aseptic technique Novel therapy:

- Antimicrobial barrier cap with chlorhexidine rod
- Non-antibiotic lock

CJASN 15: 132–151, 2020;





<u>室慎診所</u> Take home message

- 減少導管使用
- 落實手部清潔
- 落實無菌操作
- 定期教育訓練
- 積極病人衛教



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PUT TOGETHER THE PIECES TO PREVENT INFECTIONS

IN DIALYSIS PATIENTS

Engage Patients

Discuss important infection prevention practices like hand hygiene with your patients and their caregivers.

Reduce Catheters

Identify and address barriers to fistula/graft placement and catheter removal.

Perform Hand Hygiene and Change Gloves

Know when it is necessary to perform hand hygiene and change your gloves; put this knowledge into practice.

Catheter Care, Scrub the Hubs

Scrub the catheter hubs and allow them to air dry. Use chlorhexidine with alcohol at the catheter exit site and apply an antimicrobial ointment.

Vaccinate Dialysis Staff and Patients

Make sure staff and patients are up-to-date for influenza and hepatitis B vaccinations and patients have received pneumococcal vaccination.

Disinfect the Dialysis Station

Ensure the station is empty before disinfecting. Visibly wet all surfaces with disinfectant.

Track Infections

Know your facility's rates for important infections like access site and bloodstream infections.

Follow Safe Injection Practices

Never reuse needles or syringes or administer medications from a single-dose vial or IV bag to multiple patients. Use single-dose vials whenever possible and dispose of them immediately after use.

Use Aseptic Technique

Take care to not contaminate the access, bloodlines or hemodialysis circuit. Scrub injection ports prior to use.



of patient come first.



Thanks for your attention! 感謝聆聽!



Clinical Images in Nephrology and Dialysis: New arteriovenous skin rash in an ESKD patient on dialysis

Kidney360







Few studies have examined the prevalence of chlorhexidine allergy in patients on dialysis.



The risk of sensitization grows with repeated exposure to chlorhexidine and may foreshadow more severe allergic reactions.

Sonali Batta, Allie Preston, and Lindsay Bicknell. *New arteriovenous skin rash in an ESKD patient on dialysis. Kidney360.* DOI: 10.34067/KID.000000000000000000.