The author replies.

We agree with Dr. Macias that the frequency and microbiology of infusion-related infections vary according to nursing and medical practice in various hospitals and countries. *Klebsiella* infections are not a common cause of infusion-related bacteremia at our institution or in the United States of America in general.

As we concluded in our study, “larger trials are required to determine whether delaying replacement of intravenous administrations sets up to 7 days is safe.” Dr. Macias should test this observation in his medical setting before concluding that it is safer to adhere to the “traditional way.”

Issam Raad, MD
The University of Texas MD Anderson Cancer Center
Houston, Texas

### Frequency of Intravenous Administration Set Changes and Bacteremia: Defining the Risk

To the Editor:

I would like to respond to a comment made by Dr. Robert R. Muder in his editorial, “Frequency of Intravenous Administration Set Changes and Bacteremia: Defining the Risk.”

Dr. Muder stated, “The impetus for increasing the interval (of intravenous tubing changes) is, of course, cost, which includes acquisition cost of the set and nursing time required for routine changes.”

It seems to me that one of the goals of intravenous fluid administration should be to maintain a closed system, thereby preventing contamination of the infusate; therefore, it is difficult to separate the issue of when to change the tubing from the issue of when to rotate the site. Several studies have indicated that routine site changes are not necessary at 72 hours.

As an infection control practitioner, my primary goal is always for the safety and comfort of the patients and the staff. If slaying the sacred cow contributes to this, I am satisfied that I have accomplished that goal. If, by slaying the sacred cow, institutions are able to decrease cost, we all benefit.

### REFERENCES


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**To the Editor:**

I agree with Ms. Graeber that the primary goal of infection control is to promote the safety and well-being of the patient. There is ample evidence in the published literature to indicate that reducing nosocomial infections and other complications is eminently cost-effective, so patient safety and cost reduction need not be in conflict. The study by Raad and colleagues evaluated tubing changes in central intravenous lines. They noted that these lines are not usually changed at predetermined intervals but are left in place for up to 7 days. They found that the incidence of colonization and infection was not significantly different from that seen with daily changes. However, it is important to note that the results of this study are limited to the specific patient population studied.

It is important to consider the potential benefits and risks of extending the dwell time of central intravenous lines, such as reduced catheter-related infection rates. However, it is also important to consider the potential risks associated with prolonging the dwell time, such as the increased risk of phlebitis and thrombosis.

### The Identification and Investigation of Clustered Bacterial Isolates on Nursing Home Units

To the Editor:

Infection control reporting in nursing homes usually lists clinical syndromes (eg, respiratory tract or urinary tract infection), room number, and date. Unfortunately, such listings do not provide much evidence of transmission, since the various infection syndromes may be caused by different organisms and a common strain may produce more than one syndrome (eg, methicillin-resistant *Staphylococcus aureus* may cause pneumonia and wound infection). Finally, there may be a time lag between transmission of low-virulence pathogens and a second event, such as aspiration or skin abrasion, that allows the colonizer to produce infection detected by culture. We present a technique that lists bacterial isolates of identical species and antibiotic sensitivity for each nursing unit. Clusters with a possible common source are identified, followed by clinical assessment. This technique provides staff with specific circumstances to review secretion precautions.