



臺北市立萬芳醫院 - 委託臺北醫學大學辦理

Taipei Municipal Wanfang Hospital (Managed by Taipei Medical University)

全膝關節置換手術病人， 術前使用含2%CHG皮膚準備 是否能降低手術部位感染？

引言人：王雅茜護理師/黃嫻蓉護理長

日期：2024年06月04日



堅持品質 共創價值

臨床情境

- 70歲女性右膝疼痛，經診斷為退化性膝關節炎第四級，已安排入院準備隔日接受人工膝關節置換術。護理師告知病人目前骨科病房備有含2%CHG消毒清潔用品組，在手術前一晚或手術當天早上洗澡時用於加強清潔手術部位，多一道預防手術部位感染，但須自費一組240元。
- 因此母親詢問正在醫院工作的護理師女兒**是否建議使用含2%CHG消毒清潔用品清洗右膝關節手術部位？**

2022年

Infectious Diseases Now 52 (2022) 185–192

Impact factor:3.5 (Q3)



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Review

What is the benefit of preoperative washing with chlorhexidine gluconate-impregnated cloths on the incidence of surgical site infections? A systematic review and meta-analysis☆



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Preoperative bathing or showering with skin antiseptics to prevent surgical site infection

2015年



Cochrane
Library

Trusted evidence.
Informed decisions.
Better health.

Cochrane Database of Systematic Reviews

[Intervention Review]

Preoperative bathing or showering with skin antiseptics to prevent surgical site infection

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Editorial group: Cochrane Wounds Group.

Publication status and date: New search for studies and content updated (no change to conclusions), published in Issue 2, 2015.

Citation: Webster J, Osborne S. Preoperative bathing or showering with skin antiseptics to prevent surgical site infection. *Cochrane Database of Systematic Reviews* 2015, Issue 2. Art. No.: CD004985. DOI: [10.1002/14651858.CD004985.pub5](https://doi.org/10.1002/14651858.CD004985.pub5).

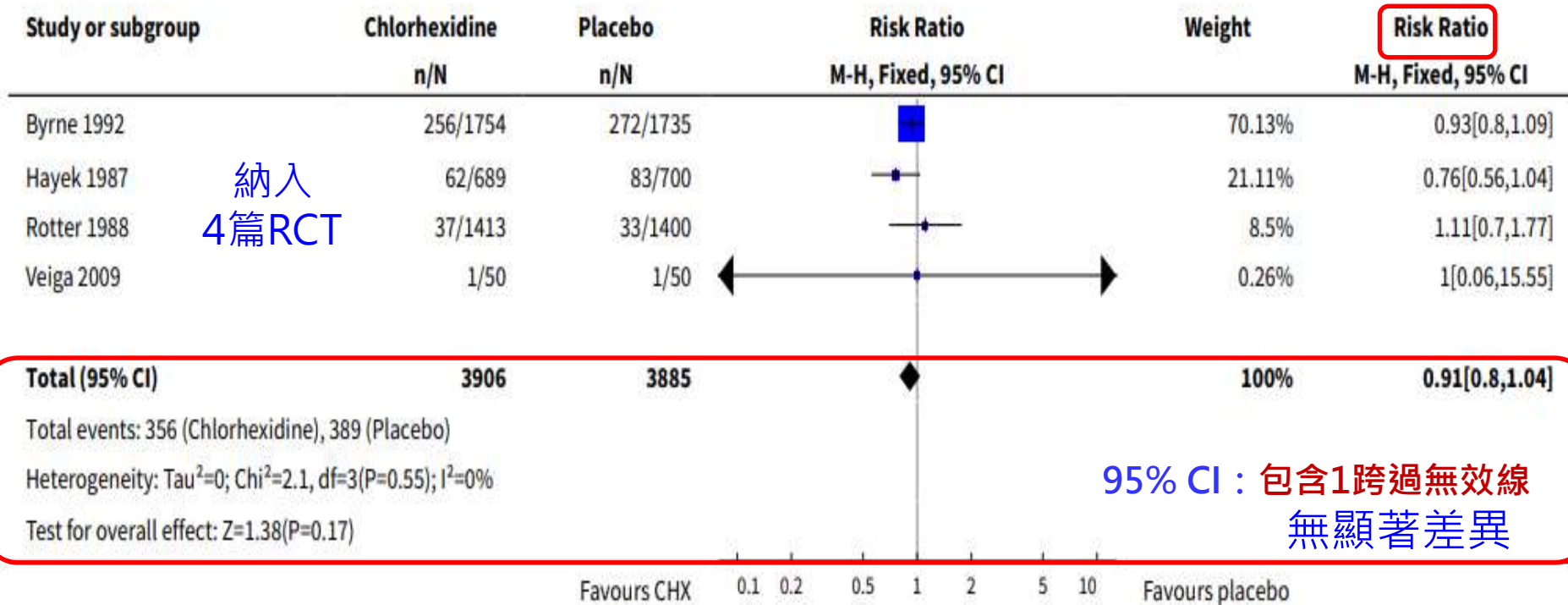
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- <https://pubmed.ncbi.nlm.nih.gov/25927093/>



4% Chlorhexidine V.S Placebo

2015年 Analysis 1.1. Comparison 1 Chlorhexidine 4% versus placebo, Outcome 1 Surgical site infection.



術前使用含4% Chlorhexidine清潔手術部位相對於術前沒使用含4% Chlorhexidine清潔手術部位，對於發生手術部位感染所產生的風險比為0.91[95% CI:0.8, 1.04]($P=0.17$)。





Major Article

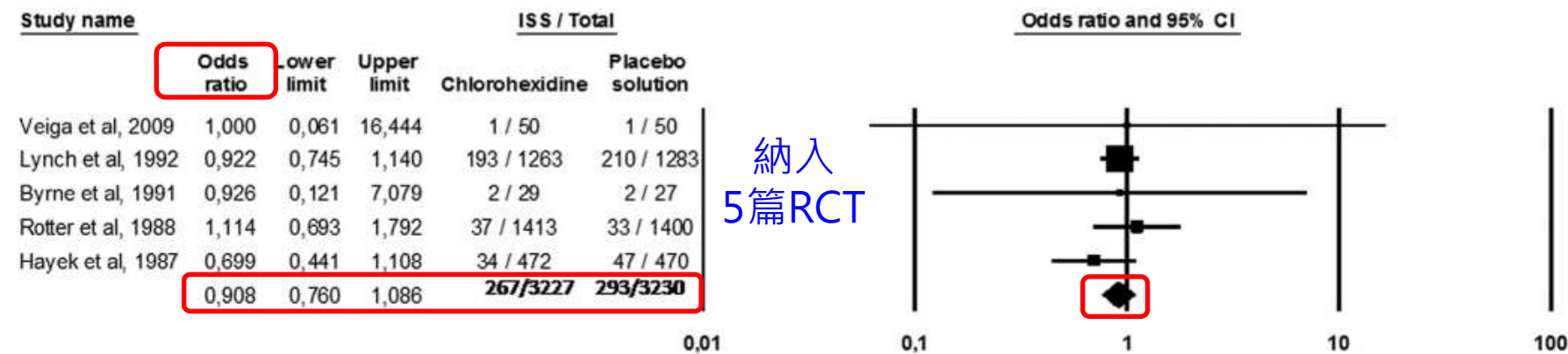
Preoperative bathing of the surgical site with chlorhexidine for infection prevention: Systematic review with meta-analysis



Lúcia Maciel de Castro Franco MSc ^{a,*}, Gláucia Fernandes Cota PhD ^b,
Tatiana Saraiva Pinto ^a, Flávia Falci Ercole PhD ^a

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巴西研究團隊 2017年



術前有使用含4% Chlorhexidine清潔手術部位是不使用含4%CHG組造成手術部位感染的0.908倍。[95% CI:0.76, 1.086]。
無顯著差異

Fig 2. Meta-analysis of the efficacy of preoperative bathing with 4% chlorhexidine compared with placebo. CI, confidence interval.



The Prevention of Periprosthetic Joint Infection in Primary Total Hip Arthroplasty Using Pre-Operative Chlorhexidine Bathing



Journal of
Clinical Medicine

Impact factor:3.9 (Q2)



Article

The Prevention of Periprosthetic Joint Infection in Primary Total Hip Arthroplasty Using Pre-Operative Chlorhexidine Bathing

台灣中榮研究團隊

Wen-Chi Su ^{1,†}, Yu-Chin Lai ¹, Cheng-Hung Lee ^{2,3}, Cheng-Min Shih ^{2,4,5}, Chao-Ping Chen ^{2,6}, Li-Ling Hung ^{1,7,†} and Shun-Ping Wang ^{2,8,*} 

2021年

台中榮總
回溯性研究設計
病歷調查
感控資料庫

Jan 2015 ~

Dec 2018

CHG: n=190

Control : n=743

研究顯示術前使用2% chlorhexidine gluconate洗澡
無法明顯降低術後發生人工關節感染之風險。

討論：

- 1.骨科手術相對是感染率較低的手術
- 2.群體不夠大也可能無法明顯看出差異

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Li-Ling Hung and Wen-Chi Su contributed to this work equally.



Table 3. The pathogens and onset time of the four infections.

Case No.	Pathogens	Onset time (Days)	Cemented
1	Staphylococcus aureus	54	No
2	Acinetobacter baumannii	43	Yes
3	Pseudomonas aeruginosa	21	No
4	Staphylococcus epidermidis	30	No

Table 4. The periprosthetic infection rate of primary THA between groups.

	CHG (N = 190)	Control (N = 743)	Total (N = 933)	<i>p</i> -Value
PJI cases	0 (0%)	4 (0.54%)	4 (0.43%)	0.588
Within 90 days	0 (0%)	4 (0.54%)	4 (0.43%)	
Beyond 90 days	0 (0%)	0 (0%)	0 (0%)	
No PJI cases	190 (100%)	739 (99.46%)	929 (99.57%)	

Fisher's Exact Test. * $p < 0.05$, ** $p < 0.01$.



背景資料 *Background Knowledge*

2018年

WHO(2018) Global guidelines on the prevention of surgical site infection

Table 1. Summary of core topics, research questions and recommendations for the prevention of surgical site infection

Topic	Research questions	Recommendations	Strength	Quality of evidence
Preoperative measures				
Preoperative bathing	1. Is preoperative bathing using an antimicrobial soap more effective in reducing the incidence of SSI in surgical patients compared to bathing with plain soap? 2. Is preoperative bathing with CHG-impregnated cloths more effective in reducing the incidence of SSI in surgical patients compared to bathing with antimicrobial soap?	It is good clinical practice for patients to bathe or shower prior to surgery. The panel suggests that either plain soap or an antimicrobial soap may be used for this purpose. The panel decided not to formulate a recommendation on the use of CHG-impregnated cloths for the purpose of reducing SSI due to the very low quality of evidence.	Conditional	Moderate



★符合PICO ★年代最新 ★符合研究設計

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法國研究團隊





臺北市立萬芳醫院 - 委託臺北醫學大學辦理

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SR Appraisal sheets(FAITH)

Appraisal Tool

[系統性文獻回顧Systematic Review]

步驟1: 系統性文獻回顧探討的問題為何? (PICO)

步驟2: 系統性文獻回顧的品質如何? (內在效度)

步驟3: 結果為何? (效益)

步驟1: 系統性文獻回顧探討的問題為何？

P

- Patients who had undergone an orthopedic surgical intervention
- 準備進行全膝/髌關節置換手術病人

I

- Pre-operative showering with chlorhexidine 2%
- 手術前使用含2%氯己定消毒溶液清潔手術部位

C

- Pre-operative showering without chlorhexidine 2%
- 手術前無使用含2%含氯己定消毒溶液清潔手術部位

O

- Surgical site infections
- 手術部位感染

問題類型：●治療型 ○預後型 ○診斷型 ○傷害型





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步驟3: 結果為何? (效益)

FAITH - 研究是否找到(Find)所有的相關證據？

評讀結果：☒是 ☐否 ☐不清楚

The databases searched were Medline (PubMed), Cochrane Central Register of Controlled Trials (CENTRAL), Web of science (WOS) and Clinical Trial, accessed on 30 June 2018. A discussion with the authors was scheduled if there was a need for more information on their work. The complete strategy for automated searching is available in Electronic Supplementary Material. Two independent reviewers (VF, OA) carried out the selection process, which consisted in identifying the references by searching databases or

有搜尋PubMed, Cochrane Central Register of Controlled Trials, Web of science(WOS)及Clinical Trial 資料庫至2018年6月30日，但未說明所使用的MeSH字串及檢索詞彙搜尋文獻。

articles in the review according to inclusion criteria. Disagreements were resolved by discussion or after consultation with the senior author if necessary.

當意見不一致時，會透過與資深的研究員討論後取得共識。



FAITH - 研究是否找到(Find)所有的相關證據？

評讀結果：☒是 ☐否 ☐不清楚

全文文獻數目、文獻
納入與排除數目及原
因有以PRISMA流程
圖呈現。

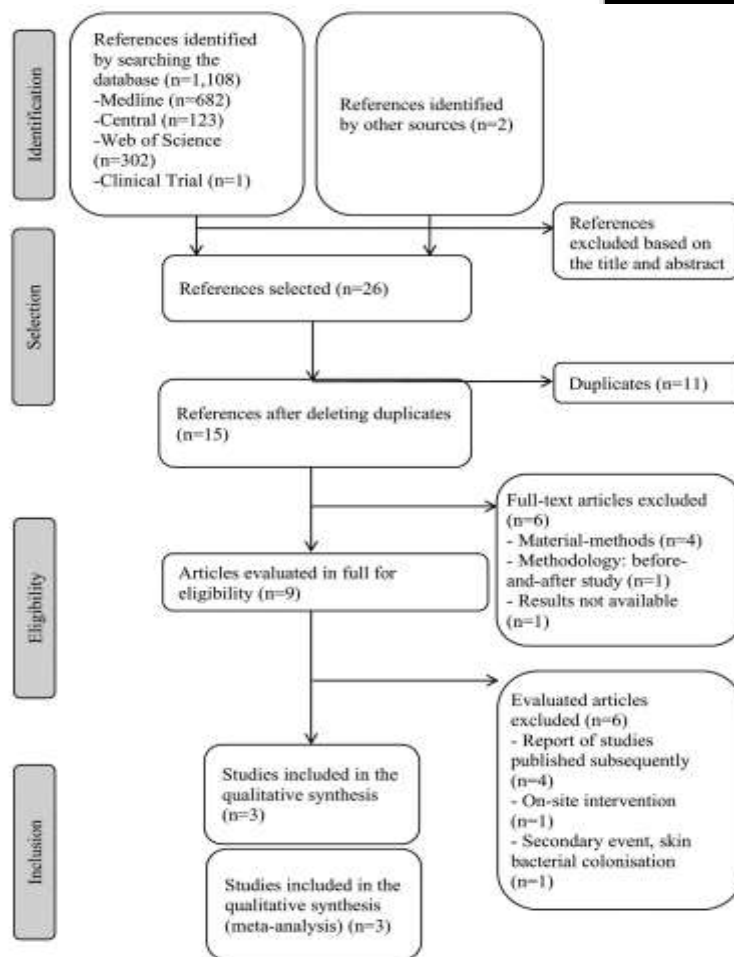


Fig. 1. Flow chart for selection of studies.

納入3篇進行統合分析
2 observational studies
1 RCT

FAITH - 文獻是否經過嚴格評讀(Appraisal) ?

評讀結果：☒是 ☐否 ☐不清楚

Table 2 **Cochrane** Collaboration tool to evaluate the risk of bias

Cochrane Collaboration tool to evaluate the risk of bias.

Study	Selection bias		Performance bias		Detection bias	Attrition bias	Relationship bias	Other biases
	Randomisation	Allocation concealment	Double blind		Blind results reviewers	Incomplete results data	Event reporting	
			Personnel	Patient				
[19] Kapadia et al., 2016	<u>Low risk</u>	NA	Not clear	NA	Not clear	<u>Low risk</u>	Not clear	Unknown follow-up period SSI definition: Musculoskeletal Infection Society

NA: Non-Applicable; SSI: Surgical Site Infection.

Kapadia, B. H., Elmallah, R. K., & Mont, M. A. (2016). A randomized, clinical trial of preadmission chlorhexidine skin preparation for lower extremity total joint arthroplasty. *The Journal of arthroplasty*, 31(12), 2856-2861.



FAITH - 文獻是否經過嚴格評讀(Appraisal) ?

評讀結果：☒是 ☐否 ☐不清楚

Table 3 Risk of bias in the cohort studies included (Newcastle-Ottawa Assessment Scale)

Study	Representativeness of the cohort	Selection of the non-exposed cohort	Verification of exposure	Demonstration of the absence of initial event	Comparability of the cohorts	Evaluation of the event	Sufficient monitoring period	Adequacy of cohort monitoring
[17] Kapadia et al., 2016	A*	A*	A*	B	A*	A*	A*	A*
[18] Kapadia et al., 2016	A*	A*	A*	B	A*	A*	A*	B-

[17]Kapadia, B. H., Jauregui, J. J., Murray, D. P., & Mont, M. A. (2016). Does preadmission cutaneous chlorhexidine preparation reduce surgical site infections after [total hip arthroplasty](#)?. Clinical Orthopaedics and Related Research, 474(7), 1583-1588.

[18]Kapadia, B. H., Zhou, P. L., Jauregui, J. J., & Mont, M. A. (2016). Does preadmission cutaneous chlorhexidine preparation reduce surgical site infections after [total knee arthroplasty](#)?. Clinical Orthopaedics and Related Research, 474(7), 1592-1598.

FAITH - 文獻是否只納入(included)具良好效度的文章？

評讀結果：☒是 ☐否 ☐不清楚

Table 4

Comparison of the effect of compliance with preoperative washing with cloths impregnated with CHG 2% versus non-compliance on the incidence of SSI using the GRADE method.

Assessment of quality							Number of patients		Relative effect	Quality
Studies	Type of study	Bias	Heterogeneity/ Indirect incoherence	Imprecision	Additional considerations	CHG cloths	No cloths			
[19] Kapadia et al., 2016	Randomised controlled trial	Significant ^a	Not significant	Significant ^b	Not significant	RR < 0.2 addition of 2 levels of quality	275	279	OR = 0.12 95%CI [0.02–1.00]	Moderate
[17,18] Kapadia et al., 2016	Prospective cohorts	Not significant	Not significant	Not significant	Not significant	RR < 0.5 addition of 1 level of quality	1986	5572	OR = 0.25 95%CI [0.13–0.5]	High

CHG: Chlorhexidine; OR: Odds-Ratio; RR: Relative Risk; 95%CI: Confidence Interval at 95%.

^a Lack of blinding.

^b The population heterogeneity (differences in population, applicability) could not be judged with a single trial.

FAITH-作者是否以表格和圖表「總結」(total up)試驗結果？

評讀結果：☑是 ☐否 ☐不清楚

p.188

Table 1
Data extraction table.

Study	Type of study	Type of surgery	Intervention (1) Comparator (2)	Number of patients	SSI definition	Number of SSI, n (%)	Secondary events	Included
[14] Johnson et al. 2010	Prospective cohort	Hip arthroplasty	1) CHG 2% cloths the evening before and the morning of surgery 2) non-compliant	1) 157 2) 897	Deep infection (fascia or joint space)	1) 0 2) 14 (1.6%) P=0.231	no	no
[13] Zyweil et al. 2011	Prospective cohort	Knee arthroplasty, primary, replacement	1) CHG 2% cloths the evening before and the morning of surgery 2) non-compliant	1) 136 2) 711	Deep infection, CDC definition	1) 0 2) 21 (3%)	no	no
[15] Johnson et al. 2013	Prospective cohort	Total knee arthroplasty, primary, replacement	1) CHG 2% cloths the evening before and the morning of surgery 2) non-compliant	1) 478 2) 1,735	Deep infection (fascia or joint space) Definition from the Musculoskeletal Infection Society. Follow-up: 1 year	1) 3 (0.6%) 2) 38 (2.2%) P=0.02	no	no
[16] Kapadia et al. 2013	Prospective cohort	Total hip arthroplasty, primary, replacement	1) CHG 2% cloths the evening before and the morning of surgery 2) non-compliant	1) 557 2) 1,901	Deep or periprosthetic infection	1) 3 (0.5%) 2) 32 (1.7%) P=0.04	no	no
[20] Makhni et al. 2018	Case-controlled prospective cohort	Spinal surgery	1) right side of the neck: shower ^a the day before surgery + CHG 2% cloths the evening before and the morning of surgery 2) left side: shower the day before surgery	16 (the patient is their own control)	NA	NA	average decrease in colonies/mL 1) 790 2) 536 P=0.059	no
[12] Murray et al. 2011	Randomised prospective study	Shoulder surgery	1) Shower with soap and water the evening before surgery + CHG 2% cloths around the shoulder 1 hour after the shower + cloths in the morning in the 2 hours before going to the hospital 2) Shower with soap and water the evening before and the morning of surgery	1) 50 2) 50	Postoperative infection~2 months	1) 0 2) 0	Positive bacterial cultures from the shoulder before surgery ¹ 66% 2) 94% P=0.0008	no
[19] Kapadia et al. 2016	Randomised controlled study	Total hip or knee arthroplasty, primary or replacement	1) CHG 2% cloths the evening before and the morning of surgery 2) Antibacterial soap and water the evening before surgery ^b	1) 275 2) 279	Deep periprosthetic infection Definition from the Musculoskeletal Infection Society Follow-up: 1 year	1) 1 (0.4%) 2) 8 (2.9%) P=0.038 OR = 8.15 for group 2 comparison vs 1, 95%CI [1.01-65.6]; P=0.049	no	yes
[17] Kapadia et al. 2016	Prospective cohort	Total hip arthroplasty, primary or replacement	1) CHG 2% cloths the evening before and the morning of surgery 2) non-compliant	1) 995 2) 2,846	Deep infection (fascia or joint space) Definition from the Musculoskeletal Infection Society Follow-up: 1 year	1) 6 (0.6%) 2) 46 (1.6%) RR = 2.68 for group 2 comparison vs 1, 95%CI [1.15-6.26]; P=0.02	no	yes
[18] Kapadia et al. 2016	Prospective cohort	Total knee arthroplasty, primary or replacement	1) CHG 2% cloths the evening before and the morning of surgery 2) non-compliant	1) 991 2) 2,726	Deep infection (fascia or joint space) Definition from the International Consensus Group on Periprosthetic Infections Follow-up: 1 year	1) 3 (0.3%) 2) 52 (1.9%) RR = 6.3 for group 2 comparison vs 1, 95%CI [1.9-20.1]; P=0.002	no	yes

CHG: Chlorhexidine; SSI: Surgical Site Infections; OR: Odds-ratio; RR: Relative Risk; 95%CI: Confidence Interval at 95%; CDC: Centres for Disease Control; NA: Not applicable

^a Type of soap unknown, the request for information from the authors received no response.

^b Behaviour in the morning not specified, type of antibacterial agent not specified, the request for information from the authors received no response.



FAITH-作者是否以表格和圖表「總結」(total up)試驗結果？
FAITH-試驗的結果是否相近-異質性 (Heterogeneity)？

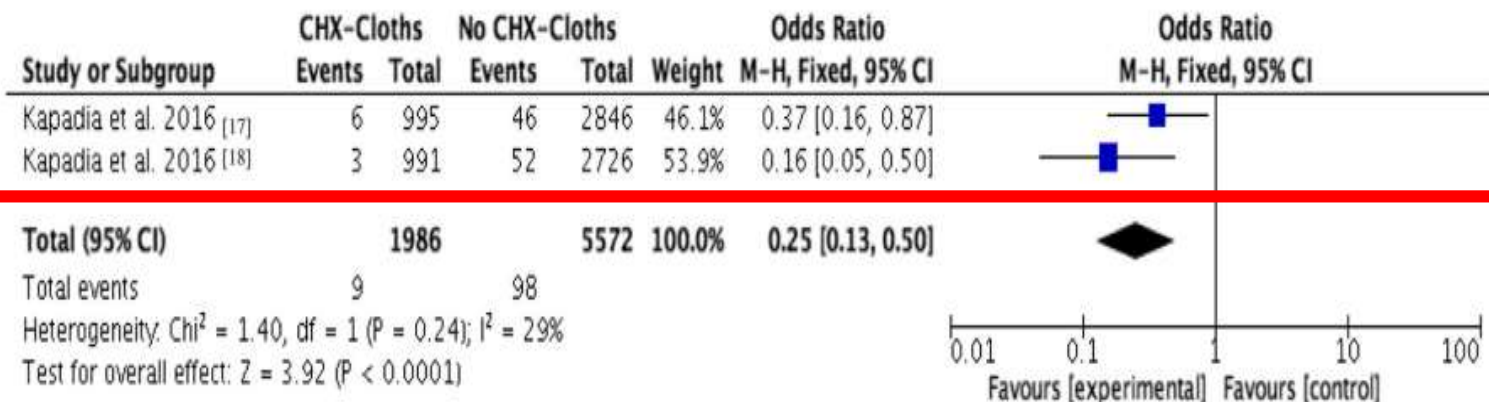


Fig.2手術前使用含2%CHG消毒清潔手術部位比沒有使用含2%CHG消毒清潔手術部位，所產生手術部位感染風險為0.25倍[95% CI 0.13, 0.50]。

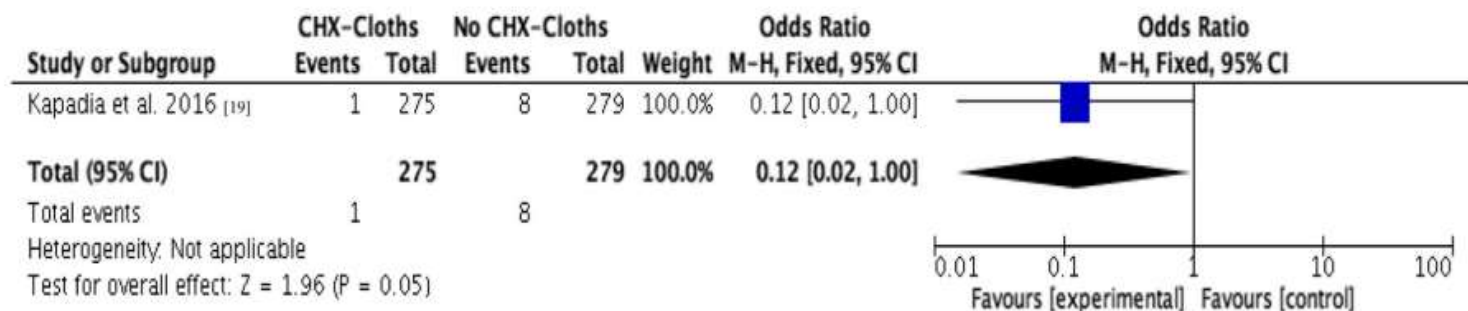


Fig.3手術前使用含2%CHG消毒清潔手術部位比沒有使用含2%CHG消毒清潔手術部位，所產生手術部位感染風險為0.12倍[95% CI 0.02, 1.00]。



臺北市立萬芳醫院 - 委託臺北醫學大學辦理

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步驟3: 結果為何?

作者/年代/國家	研究設計	收案區間	手術部位	介入/ 比較措施	結果 [Odds Ratio]
17 Kapadia et al., 2016/美國	Infection-tracking database (術後追蹤一年)	2007.01.01至 2013.12.31	THA	I:2%CHG C:non- 2%CHG	0.37倍 95%CI: 0.16-0.87
18 Kapadia et al., 2016/美國	Infection-tracking database (術後追蹤一年)	2007.01.01至 2013.12.31	TKA	I:2%CHG C:non- 2%CHG	0.16倍 95%CI: 0.05-0.50
19 Kapadia et al., 2016/美國	RCT	2012.03.01至 2012.11.30	TKA THA	I:2%CHG C:non- 2%CHG	0.12倍 95%CI: 0.02-1.00

其他說明：Kapadia et al., 2016

2%CHG介入方法

- 備物：洗澡巾含2%CHG(500mg)
- 使用時機：手術前一晚、手術當天早上
- 使用方法：沐浴 $\xrightarrow{\text{間隔2小時}}$ 洗澡巾含2%CHG(500mg)
等待乾燥不要清潔 $\longrightarrow$ 完成
- 部位：(1)頸部、胸部和腹部(2)背部(3)上肢
(4)左下肢(5)右下肢
- 禁用物品：使用後，不得洗澡，沖洗或塗抹任何藥膏或粉劑。

Oxford Centre for Evidence-Based Medicine 2011 Levels of Evidence

Question	Step 1 (Level 1*)	Step 2 (Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5)
How common is the problem?	Local and current random sample surveys (or censuses)	Systematic review of surveys that allow matching to local circumstances**	Local non-random sample**	Case-series**	n/a
Is this diagnostic or monitoring test accurate? (Diagnosis)	Systematic review of cross sectional studies with consistently applied reference standard and blinding	Individual cross sectional studies with consistently applied reference standard and blinding	Non-consecutive studies, or studies without consistently applied reference standards**	Case-control studies, or *poor or non-independent reference standard**	Mechanism-based reasoning
What will happen if we do not add a therapy? (Prognosis)	Systematic review of inception cohort studies	Inception cohort studies	Cohort study or control arm of randomized trial*	Case-series or case-control studies, or poor quality prognostic cohort study**	n/a
Does this intervention help? (Treatment Benefits)	Systematic review of randomized trials or n-of-1 trials	Randomized trial or observational study with dramatic effect	Non-randomized controlled cohort/follow-up study**	Case-series, case-control studies, or historically controlled studies**	Mechanism-based reasoning
What are the COMMON harms? (Treatment Harms)	Systematic review of randomized trials, systematic review of nested case-control studies, n-of-1 trial with the patient you are raising the question about, or observational study with dramatic effect	Individual randomized trial or (exceptionally) observational study with dramatic effect	Non-randomized controlled cohort/follow-up study (post-marketing surveillance) provided there are sufficient numbers to rule out a common harm. (For long-term harms the duration of follow-up must be sufficient.)**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning
What are the RARE harms? (Treatment Harms)	Systematic review of randomized trials or n-of-1 trial	Randomized trial or (exceptionally) observational study with dramatic effect			
Is this (early detection) test worthwhile? (Screening)	Systematic review of randomized trials	Randomized trial	Non-randomized controlled cohort/follow-up study**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning

* Level may be graded down on the basis of study quality, imprecision, indirectness (study PICO does not match questions PICO), because of inconsistency between studies, or because the absolute effect size is very small; Level may be graded up if there is a large or very large effect size.

** As always, a systematic review is generally better than an individual study.

How to cite the Levels of Evidence Table

OCEBM Levels of Evidence Working Group*. "The Oxford 2011 Levels of Evidence".

Oxford Centre for Evidence-Based Medicine. <http://www.cebm.net/index.aspx?o=5653>

* OCEBM Table of Evidence Working Group = Jeremy Howick, Iain Chalmers (James Lind Library), Paul Glasziou, Trish Greenhalgh, Carl Heneghan, Alessandro Liberati, Ivan Moschetti, Bob Phillips, Hazel Thornton, Olive Goddard and Mary Hodgkinson

總評(Summary)

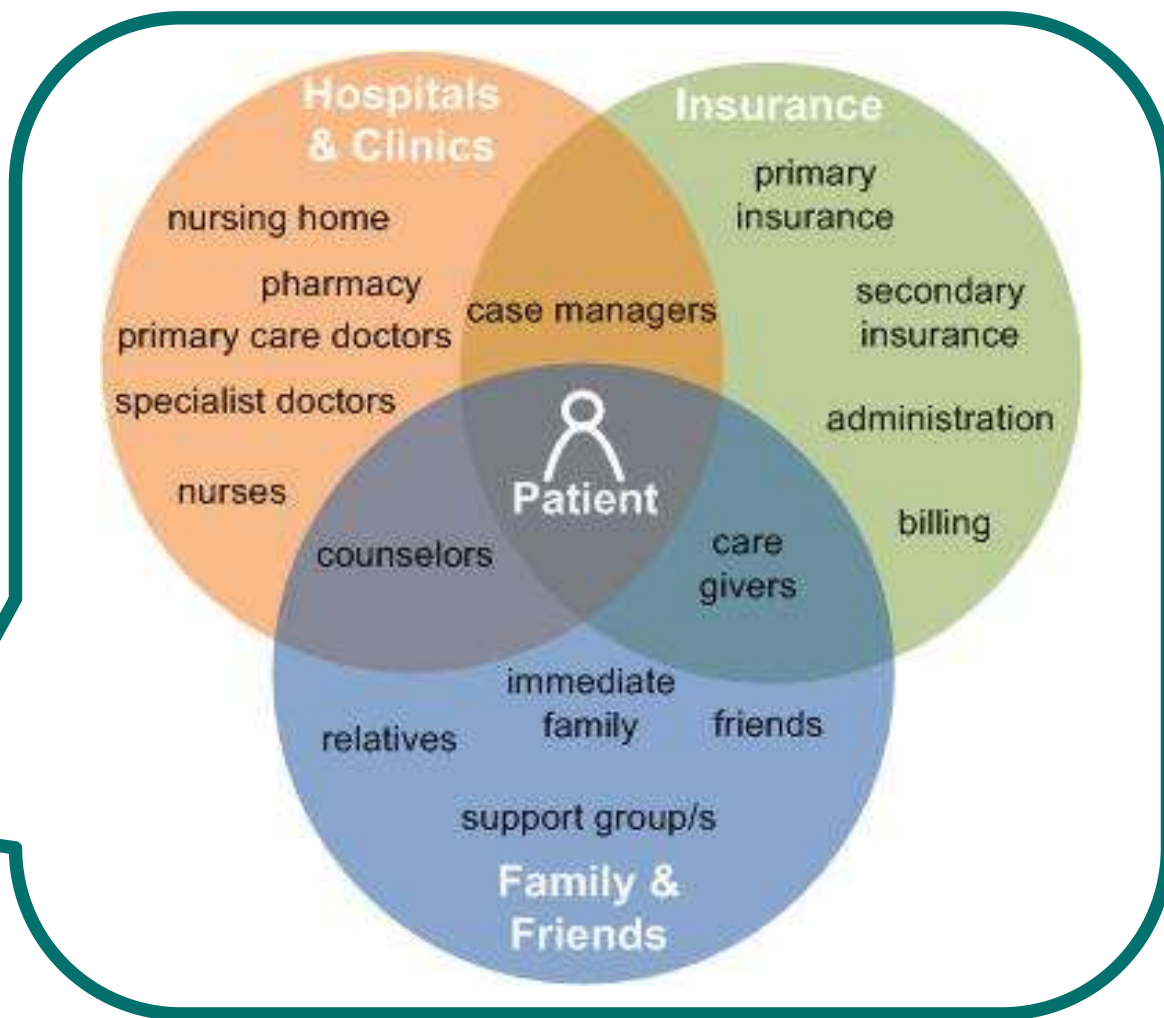
FAITH系統性文獻回顧快速評讀表

結果

F	研究是否找到 (Find) 所有的相關證據？	至少二個主要資料庫(PubMed，EMBASE，and Cochrane Library)，加上文獻引用檢索(Web of Science)，不限英文，使用MeSH字串及一般檢索詞彙(text words)	是
A	文獻是否經過嚴格評讀 (Appraisal)？	以the Cochrane Risk of Bias assessment tool進行嚴格評讀，並以表格呈現各篇納入文獻品質	是
I	是否只納入 (Included) 具良好效度的文章？	由二位研究員獨立進行評讀，意見不一致時，會透過與資深的研究員討論後取得共識	是
T	作者是否以表格和圖表「總結」(Total up)？	Table 1與跟森林圖	是
H	試驗的結果是否相近 - 異質性 (Heterogeneity)？	因只有納入一篇RCT研究，故無法進行異質性比較，因只有兩篇觀察性研究，異質性呈現29%	是



這篇文獻的實證證據可以用於本院嗎？



萬芳醫院版：2% CHG套組:240元/組

Chlorhexidine	適應症	1 請依照【步驟1】→【步驟2】依序完成流程 步驟1 濕洗澡(需沖洗) 克菌寧殺菌潔淨液2%的使用說明 使用方式 1. 身體沖濕後，請直接塗抹2%克菌寧殺菌液，由上而下全身塗抹(至少塗抹15分鐘)。 2. 請以指力搓洗腋窩、頸部、頸後、腋下、手肘、肘下。 3. 持續將2%克菌寧殺菌液塗抹於身體後背(由上而下)。(如欲加強殺菌，可塗抹於腋下、頸後、肘下) 4. 待全身塗抹完2%克菌寧殺菌液後，需停留至少3分鐘後才可沖洗。 5. 請以清水沖洗乾淨。 6. 潔淨後，請塗抹2%克菌寧殺菌液於全身。 2 步驟2 乾擦澡(不沖洗) 克菌寧殺菌水溶液2%的使用說明 使用方式 1. 將克菌寧殺菌水溶液2%全部倒入乾毛巾中，平放於體側(約超過15分鐘)，接著再洗澡後塗抹。 2. 6個乾毛巾擦拭順序：如右圖 ① 頸部、胸前及上腹部 ② 雙臂至手掌 ③ 下腹部、膝關節至腳後跟 ④ 右腿至腳掌 ⑤ 左腿至腳掌 ⑥ 將前5個部位往下擦拭(從下巴以下的部位開始擦拭) (腳後跟出淨後也可用1-2個乾毛巾擦擦，或隨意、乾下) ⑦ 無須沖洗，待乾後即可穿上乾淨的衣物。(請不要再塗抹與CHG不相容之乳液等物品)	
2% 潔淨液 [指示藥] 	1.手術前手 部消毒 2.病房手部 消毒		
2% 殺菌水溶液 [指示藥] 	3.病人手術 前皮膚消 毒		
• <u>仿單</u>：不得施於眼睛四周或黏膜（如口腔、鼻腔、陰道、陰囊、外陰部等）、濕疹、潰爛、龜裂或嚴重外傷之患部。 • <u>注意事項</u>：非離子界面活性劑及陰離子等物質存在(如氯離子、碘化鉀)會降低Chlorhexidine效用，而導致抗菌能力下降，請勿併用。			
使用2% CHG清潔身體後容易造成皮膚乾燥， 建議使用不影響2%CHG效果之不含陰離子乳液			



Chlorhexidine 2% 20mg/mL, 200mL/bot

藥品資訊



商品名	Aqua solu.2%(藍標濕附紙巾)克菌寧殺菌水溶液
成分	Chlorhexidine 2%
劑量劑型	20mg/mL, 200mL/bot
院內代碼	TAQUA
健保代碼	
ATC碼	• B05CA02 • D08AC02 • D09AA12
價格	160



Chlorhexidine 2% 20mg/mL,30mL/tube

[全展開](#)[全關閉](#)

藥品資訊



商品名	Cleansing solu.2%(擦澡)克菌寧殺菌潔淨液
成分	Chlorhexidine 2%
劑量劑型	20mg/mL,30mL/tube
院內代碼	TCLE-2
健保代碼	
ATC碼	• B05CA02 • D08AC02 • D09AA12
價格	80



💧 Aqua,Glycer,Alcohol 30mL/tube

全展開

全關閉

藥品資訊



商品名	Cream 30mL/tube寶貝齡溫和潤膚乳(配合擦澡Chlorhexidine)
成分	Aqua,Glycer,Alcohol
劑量劑型	30mL/tube
院內代碼	TCREA
健保代碼	
ATC碼	
價格	75



成本效益

代碼	商品名	學名	規格	售價
TAQUA	Aqua solu.2% (附紙巾) 克菌寧殺菌水溶液	Chlorhexidine2%	20mg/mL · 200mL/bot	160元 (含 紙巾)
TCLE-2	Cleansing solu.2%克菌 寧殺菌潔淨液		20mg/mL · 30mL/tube	80元/瓶
TCREA	寶貝齡溫和潤膚乳 (不含陰離子乳液)		30mL/bot	75元/bot

紙巾代碼 M021，院內帳務使用



病人手術前是否有使用含Chlorhexidine gluconate 清潔溶液清洗手術部位皮膚?(資料更新：2024年)

	萬芳	台北慈濟	台大癌醫	北榮
族群	骨科手術病人	外科手術病人	腫瘤科病人	無
費用	自費(240/1組)	自費 (96元/200ml)	非自費	NA
設置位置	護理站 2	護理站	各病房 洗手台	護理站

使用方式 使用時機

手術前一晚

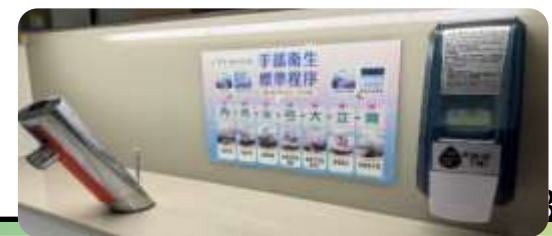
1.手術日用
Antigerm洗澡

手術前一晚
或手術當天，
依手術部位
大小，決定
溶液ml；擠
在4*4紗布清
洗手術部位。

醫護人員
洗手



2.洗澡後用
2%CHG塗抹全身，
完整皮膚的手術部
位需加強塗抹(黏
膜切口不用)



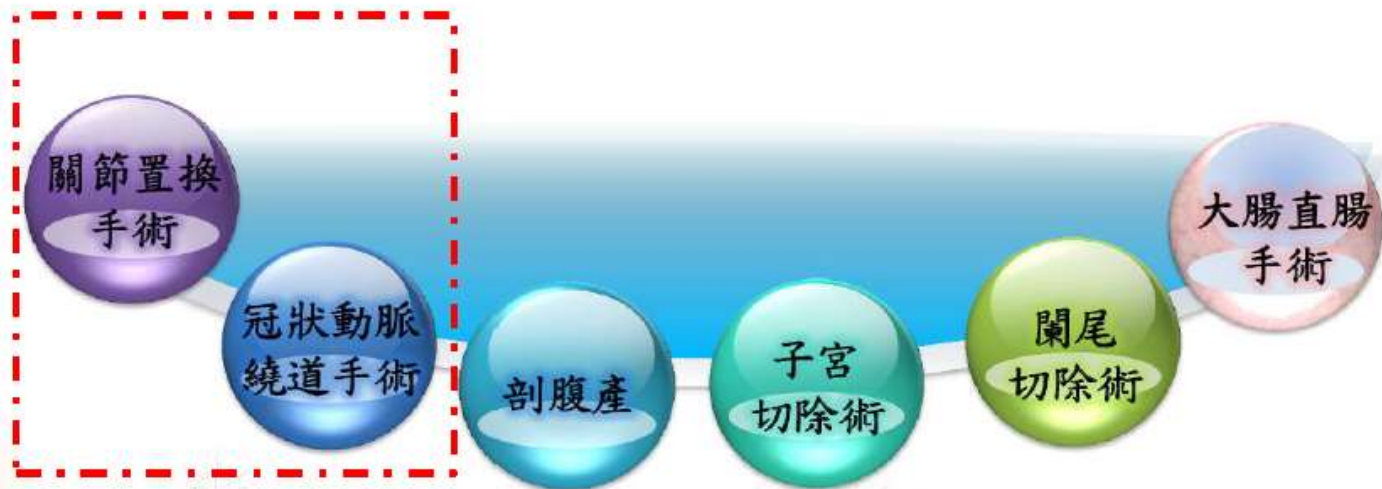
討論：4E

- **Expectations(病人期待)**
 - 手術傷口沒有感染，期待術後傷口趕緊癒合。
- **Evidence(研究證據)**
 - 此篇有2篇觀察性研究、1篇RCT研究
 - 統合文獻僅納入同一作者Kapadia et al(2016)的3篇研究，需考慮會有發表偏差風險。
- **Expertise(臨床專家)**
 - 骨科張家佩護理長：臨床接受度及考量點、是否有注意事項？
 - 感控彭筠婷藥師：4%CHG v.s 2%CHG、藥理機轉
 - 感染科陳甫綸主治醫師：Surgical Site Infection定義與相關因素、建議手術前使用2% CHG皮膚準備使用族群？
 - 營養師：李盈靜組長
 - 骨科總醫師：黃彥瑋醫師
- **Environment(醫院組織文化、成本效益)**



2016年推動SSI-Bundle

導入措施-試辦術式(6項)



各術式邀集8~9家醫院進行試辦，共同參與。

臨床應用

- 膝關節置換術手術前，是否建議使用含2%CHG消毒清潔用品清洗膝關節手術部位，以降低手術部位感染發生率？



■ 同意： ■ 待評估： ■ 不同意：

- 膝關節置換術手術前，是否建議使用含2%CHG消毒清潔用品清洗膝關節手術部位，以降低手術部位感染發生率？



■ 同意：19 ■ 待評估：0 ■ 不同意：0



感謝聆聽!

