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Introduction:  
Intensive care patients are in constant risk of contamination due to suppression of their immune system, use of invasive procedures and medical equipment and health associated infections (HAI). Chlorhexidine Gluconate (CHG) in an antiseptic and disinfectant product. In medical research it has been found that daily CHG bathing is affective in reducing levels of skin and central line related infections (Climo, 2013). It is also referred to in the recommendationsof the ministry of health "prevention of septicemia due to central lines "(2011).

Methods:  
Unit guide lines for patient Dry Bathing were written in May 2015 and thereafter began the implementation and instruction of nursing staff. Quality Control: The quality was inspected by observation. There was a 15 phase questioner that included several categories such as: preparation of the CHG solution, staff protection actions, infusions and surgical wound dressings, bathing performance and documentation.

Results:  
A gradual rise of 97% was observed in the performance of dry bathing according to the unit guidelines

Conclusion:  
97% of observed dry baths where performed according to the guide lines. Points for improvement: Correct care of infusions and surgical wound dressing and verify use of separate wipes for each body part. Next we will examine the correlation between the use of dry baths and the extent of infections in the unit. Dry Baths are now considered an integral part of the daily nursing routine. They have no substantial costs, help prevent complications from infection and add to the patient’s safety.