the very low incidence of catheter sepsis.[8-13,24] Current guidelines still do not address duration of PIV catheter placement in children because of the modest number of pediatric patients studied. Nonetheless, outcomes of the approximately 3,000 catheters studied to date provide a basis for the current practice of leaving PIV catheters in place until IV therapy is completed or a complication occurs. Additional studies in children should be performed to provide a more substantial basis for specific pediatric guidelines.

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Quinolone-Resistant Strains of *Escherichia coli*

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Aparicio and colleagues from the Hospital General Universitario de Alicante, Spain, evaluated the prevalence of quinolone-resistant strains of *Escherichia coli* in patient stools on admission and the characteristics of any nosocomial infections. Norfloxacin prophylaxis decreases the incidence of bacterial infections in high-risk cirrhotic patients, but may promote the development of quinolone-resistant gram-negative bacteria in stools and eventually lead to infections due to these bacteria. Eighty-three consecutively hospitalized cirrhotic patients were included in this prospective study. The presence of quinolone-resistant strains of *E coli* in stools on admission and the characteristics of any nosocomial infections were recorded.

Fourteen (16.8%) of 83 patients showed quinolone-resistant *E coli* in stools (group I), and 69 did not (group II). Thirteen of 14 from group I (92.8%) and 17 (24.6%) of 69 from group II had received primary or secondary prophylaxis with norfloxacin ($P<.001$). During hospitalization, 12 of 12 patients from group I and 25 (37.8%) of 66 patients from group II underwent norfloxacin prophylaxis. Three bacterial infections in patients from group I, 3 from group II patients receiving norfloxacin, and 16 from group II patients not receiving norfloxacin were recorded ($P<.05$). No infections due to quinolone-resistant *E coli* were observed in patients colonized with these bacteria. Treatment with norfloxacin induced the development of quinolone-resistant *E coli* in 6 (42.8%) of 14 patients in a mean time of 18.5±9.8 days.

The authors concluded that the development of quinolone-resistant strains of *E coli* was significantly associated with previous administration of norfloxacin prophylaxis. However, this fact was not associated with an increased incidence of quinolone-resistant *E coli* or other gram-negative infections.

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