



“Our study demonstrated that by meticulously following infection control protocols especially tailored to the service setting the incidence of HAI’s can be reduced” Singh et al (2015)

Reference:

Singh, S., Goyal, R., Ramesh, G.S., Ravishankar, V., Sharma, R.M., Bhargava, D.V., Singh, S.K., John, M.K. and Sharma, A. (2015) Control of hospital acquired infections in the ICU: A service perspective. Medical Journal, Armed Forces India. 71(1), p.28-32.

Control of hospital acquired infections in the ICU <http://ctt.ec/G5UbV+> @ivteam #ivteam

Click To Tweet

Abstract:

BACKGROUND: The service setting has some unique strengths and weaknesses that must be kept in mind when organizing Hospital acquired infections (HAI) prevention interventions.

METHODS: Following an initial study to gather data regarding HAI in the Surgical intensive care unit (ICU) we put into place various infection control interventions. The present study was carried out to analyse the effect of these interventions on the incidence of HAI in the ICU.

RESULTS: The total admissions to the ICU were 253 patients. Eighty eight patients (34.78%) were admitted for more than 48 hr, 165 patients stayed for less than 48 h. The frequency of

HAI was 7.95% (95% CI 3.54, 15). Hospital acquired pneumonia was observed in 2 of the 88 patients (2.27%) (95% CI 0.38, 7.30) which amounted to 9.70 infections per 1000 ventilator days. Bloodstream infection was detected in 3 out of 88 patients (3.4%) (95% CI 0.87, 8.99) amounting to 6.54 fresh infections per 1000 Central Venous Catheter days. Urinary tract infection was observed in 2 (2.27%) (95% CI 0.38, 7.30) at 2.86 fresh infections per 1000 catheter days. As compared to the previous study we found that there was a decline of HAI ranging from 60 to 70%.

CONCLUSION: Our study demonstrated that by meticulously following infection control protocols especially tailored to the service setting the incidence of HAI's can be reduced. However, the challenge is in maintaining the gains achieved since there is a rapid turnover of manpower in the ICU and a lack of a structured ICU design model.

Thank you to our partners for supporting IVTEAM

