Incidence of DA-HAIs in the study intensive care unit was high compared with that of developed countries. Formulation and implementation of standard infection control protocols, active surveillance of DA-HAIs, and antimicrobial stewardship are urgently needed in our country” Parajuli et al (2017).

Abstract:

BACKGROUND: Device-associated health care-acquired infections (DA-HAIs) in intensive care unit patients are a major cause of morbidity, mortality, and increased health care costs.

METHODS: A prospective, structured clinicomicrobiological surveillance was carried out for 3 common DA-HAIs: ventilator-associated pneumonia (VAP), central line-associated bloodstream infection (CLABSI), and catheter-associated urinary tract infection (CAUTI) present in the patients of an intensive care unit of a teaching hospital in Nepal. DA-HAIs were identified using the Centers for Disease Control and Prevention definitions, and their rates were expressed as number of DA-HAIs per 1,000 device-days.

RESULTS: Overall incidence rate of DA-HAIs was 27.3 per 1,000 patient-days occurring in 37.1% of patients. The device utilization ratio for mechanical ventilation, central line catheter, and urinary catheter was 0.83, 0.63, and 0.78, respectively. The rates of VAP, CLABSI, and CAUTI were 21.40, 8.64, and 5.11 per 1,000 device-days, respectively. Acinetobacter spp (32.7%), Klebsiella spp (23.6%), Burkholderia cepacia complex (12.7%), and Escherichia coli (10.9%) were the common bacterial pathogens. Most of the bacterial isolates associated with DA-HAIs were found to be multidrug-resistant.

CONCLUSIONS: Incidence of DA-HAIs in the study intensive care unit was high compared with that of developed countries. Formulation and implementation of standard infection control protocols, active surveillance of DA-HAIs, and antimicrobial stewardship are urgently needed.
in our country.

Reference:


Thank you to our partners for supporting IVTEAM