Isolated patients were not at increased risk of oversedation compared with non-isolated patients” Searcy et al (2017).

Abstract:

Background: Patients in intensive care units (ICUs) may be placed on contact isolation for meticillin-resistant Staphylococcus aureus (MRSA) colonization to prevent transmission. Prior studies suggest that isolated patients may receive substandard care compared with non-isolated patients. An optimal level of sedation is required to facilitate mechanical ventilation (MV) and to minimize adverse outcomes.

Aim: To determine if patients on MV and isolated for MRSA colonization are at increased risk of oversedation compared with non-isolated patients.

Methods: Retrospective chart review of adult patients on MV who received an MRSA nasal polymerase chain reaction assay and sedation within 24 and 48 h of ICU admission, respectively. Endpoints included rate of inappropriate sedation, length of ICU stay, length of time on MV, and incidence of ventilator-associated complications.

Findings: In total, 226 patients were included (114 MRSA positive, 112 MRSA negative). Baseline demographics were similar between the groups, with the exception of ICU admission diagnosis. Fifty-six (55%) isolated patients experienced inappropriate sedation compared with 49 (50%) non-isolated patients (P=0.482). Isolated patients spent longer in the ICU (10.4 vs 6.8 days, P=0.0006), longer on MV (8.98 vs 4.81 days, P<0.001), and required tracheostomies more frequently [37 (32%) vs 14 (13%), P=0.0003] than non-isolated patients.

Conclusions: Isolated patients were not at increased risk of oversedation compared with non-isolated patients. There was an association between the use of contact isolation for MRSA nares colonization and prolonged ICU stay and prolonged MV.
Reference:


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