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Opinion Article

Nurses on Hospital and Acquired Infections Prevention

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DESCRIPTION

Hospital Acquired Infections (HAIs), also known as nosocomial infections, are infections contracted in a hospital by patients admitted for other reasons. An infection must have been present for more than 48 hours after the patient's admission to be considered nosocomial. Infections are caused by any microorganism (bacteria, viruses, or parasites) that enter the hospital through contaminated equipment, staff, or other patients. According to the World Health Organization, the most common types of HAI are urinary tract infections, respiratory infections, and surgical wound infections (2002). Nurses are the multidisciplinary health care providers who are constantly providing bedside care to patients and are in close contact with them. This may also imply that HAIs are more likely to be transmitted to patients *via* them. Nurses, on the other hand, have a unique opportunity to reduce the risk of HAIs in their health care facility. That is, they can facilitate patient recovery while minimizing infection-related complications by utilizing the skills and knowledge gained through nursing practice. Nurses have many tools at their disposal to help create a safe environment for patients, including the following five areas of nursing practice where they can help and monitor control and prevention of HAIs: promotion of hand hygiene, best use of aseptic techniques, universal precautionary practices, patient education, and cleaning and disinfection practices. This will be covered in greater depth later. As a result, nursing plays an important role in preventing hospital-acquired infections, not only by ensuring that all aspects of their nursing practice are carried out properly, but also through nursing research, patient education, and the implementation of infection control practices.

Nurses play a critical role in preventing Hospital Acquired Infections (HAI) not only by ensuring that all aspects of their nursing practice are evidence-based, but also by conducting nursing research and educating patients. Universal precautions are intended to prevent the transmission of blood-borne pathogens when providing first aid or healthcare, according to the Centers for Disease Control and Prevention (CDC, 2010). They are applicable to a wide range of bodily fluids, including blood, cerebrospinal fluid, amniotic fluids, sperm, and vaginal secretions. They do not apply to nasal secretions, sputum, saliva, sweat, tears, urine, faeces, or vomit unless visible blood is present. Nurses must wear personal protective equipment when coming into contact with the specified body fluids, according to the universal precautions rule. As patient advocates, nurses have a unique opportunity to influence change in order to improve patient care standards. The nurse has a variety of tools at her disposal to create a safe environment for patients. Universal precautions are the foundations of an infection-free environment.

Hand washing is another effective infection-prevention tool in the nurse's arsenal, and it is the single most important nursing intervention. Hand washing with antimicrobial soap and water is effective, and the CDC provides specific guidelines for the use of alcohol-based hand rubs as acceptable substitutes. There are numerous other ways for nurses to prevent infection at the bedside. Urinary catheterization should be avoided whenever possible. If avoiding catheterization is not clinically feasible, intermittent catheterization is a better option. Suprapubic catheters should be considered for patients who require long-term catheterization. Strict hand washing and aseptic technique, as well as accurate and precise documentation, are critical in the insertion and care of urinary catheters.

Nurses can protect patients from HAIs by thoroughly irrigating cutaneous wounds between dressing changes, debriding necrotic material effectively, and dressing a wound appropriately to absorb exudates. When gingivitis or poor hygiene is detected, neutropenic patients should receive frequent oral care, including brushing and gentle flossing, or oral antimicrobial rinses.

With HAIs, intravenous therapy is a major source of concern. Nurses can make a significant contribution to the war on infection by using full barrier precautions (sterile field, caps, gowns, masks, and gloves) when preparing for central venous catheter insertion. All catheters, regardless of location, should be placed aseptically at all times. Prior to accessing, catheter sites and injection ports should be cleaned with a 2% chlorhexidine

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solution, and diaphragms of multidose vials should be cleaned with 70% alcohol (CDC, 2010). Catheters should be removed as soon as they are no longer needed.

Catheter dressings should be replaced as soon as they become damp, soiled, or loosened. Unless infection is suspected or documented, IV administration sets, extensions, and secondary sets should be replaced every 72 hours. In addition to practical bedside interventions, nurses can promote patient safety by creating an open, non-punitive environment in which errors and near misses can be reported. This method assists an organisation in determining how to improve the system and avoid future errors.