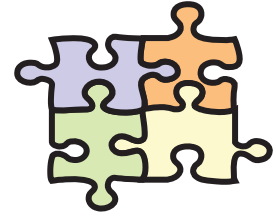
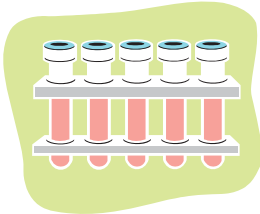


Infection Connection

"The Intent is to Prevent"



June 2010



Shaken Not Stirred - How to Properly Collect Quantiferon Gold Specimens

When collecting Quantiferon Gold specimens, please remember to shake the tube vigorously until the blood froths. Just merely inverting the tube is not sufficient for this particular test.

ABC's of Catheter Associated Urinary Tract Infection Prevention

Catheter associated urinary tract infections (CAUTIs) are one of the most frequently acquired healthcare associated infections (HAI) at Lehigh Valley Health Network. The prevention of CAUTIs is a patient safety priority.

Adhere to infection control principles and practices

- Education for foley insertions
- Aseptic technique
- Hand hygiene for all encounters
- Daily maintenance

Bladder ultrasound used when appropriate to avoid catheterization

Consider alternatives to indwelling catheterization
(e.g. external catheters, straight catheterization, adult briefs)

Do not use foley unless necessary

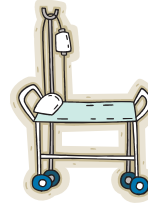
Early removal requires daily collaborative assessment among clinicians

Feedback surveillance data (available in HBI, Patient Safety Reports)

Zero CAUTIs IS THE GOAL!

Linen...To Use or Not to Use

When patients are transported off the unit, a clean top sheet from the patient's bed should be used. Visibly soiled linen or linen from patients on isolation precautions should not be used.



Enhancements to MRSA Screening Policy: Additional screening groups and protocol for Decolonization

Patients receiving peritoneal or hemodialysis and transfers from other healthcare facilities will be added to the high risk groups of patients to be screened for Methicillin-Resistant *Staphylococcus aureus* (MRSA) colonization upon admission beginning July 19, 2010. Currently, patients with a history of MRSA, nursing home patients* and patients admitted to a high level critical care unit are screened for MRSA.

Additionally, **nasal decolonization** with 2% Mupirocin (Bactroban) twice daily for 5 days is recommended for patients with a positive screening culture for MRSA in the following categories:

- Patients in a high level critical care unit
- Receiving hemodialysis or peritoneal dialysis
- Scheduled for surgery

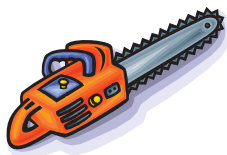
The decolonization protocol includes:

- Nurse will contact the physician upon notification of a positive MRSA screening culture to obtain an order for Mupirocin (Bactroban) 2%. (Physician may decline to decolonize)
- Instructions for application:
 - Apply a small amount of ointment to each of the patient's nostrils using an applicator twice daily for 5 days.
 - Squeeze both nostrils together with thumb and index finger after ointment is inserted and gently rub together for 5 seconds.

*Please remember patients transferred from TSU are considered long term care patients; therefore must be re-cultured upon readmission to LVH-CC or LVH-M.

Pre-Op Bathing

Patients scheduled for surgery are encouraged to bathe or shower preoperatively (preferably with an antibacterial soap like Hibiclens) prior to going to the OR.



Protocol for Construction Activities in Patient Care Areas

Notify Infection Control & Prevention prior to any engineering work involving cutting or removing drywall, sanding of walls for painting, removal of cabinets and equipment, new wall construction, and/or removal of floor coverings.

C.difficile

Soap and water should be used when caring for a patient with *C.difficile*. However, an alcohol-based hand sanitizer can be used in **ADDITION** to soap and water!

