Infection control

Extended-Spectrum Beta-Lactamase (ESBLs)

What’s New: Extended-Spectrum Beta-Lactamase (ESBL) producing organisms can cause many diseases and are often resistant to several antibiotics. They produce an enzyme that causes some antibiotics to be ineffective. Infections caused by this organism are associated with increased mortality and are often difficult to detect and treat. This organism falls into the Multidrug-Resistant Organism (MDRO) category in alignment with the Centers for Disease Control and Prevention (CDC).

Transmission: ESBLs can be spread from person to person by touching body fluid (blood, urine) or items that have been in contact with the patient directly (ex: stethoscope or blood pressure cuff).

Risk factors: Hospitalization, nursing home residency, prolonged hospital stay, severity of illness, long-term antibiotic exposure, and invasive devices.

Challenges: ESBLs are emerging as new resistance patterns in urban areas. Multiple resistance genes against multiple antibiotic classes makes interpretation of resistance patterns difficult. Sometimes, if ESBL infections are improperly treated, a Carbapenem Resistant Enterobacterales (CRE) infection may develop. Patients with a history or active case of CRE must be in strict Contact Precautions because of the serious impact of this ‘super bug’ which can cause devastating outbreaks in healthcare facilities.

Your Role: Frequent hand hygiene is critical to prevent the spread of ESBLs. Implementation of Contact Precautions for active infections (ex: open/draining wounds, bacteremia, or pneumonia) to minimize the risk of transmission to other patients, visitors, and healthcare workers is also necessary. Known Multi-Drug Resistant Organisms will be flagged on the Diagnosis and Problems section in the EMR as ‘active’.

Education: Patient/family education on isolation should be documented in the education section of the electronic record. Educational materials are available on the Intranet under Clinical Departments—> Infection Control—> Infection Control Education Materials. Communication of MDRO precaution status should be part of hand off communication and noted on discharge paperwork when patients are discharged to other facilities.
Pressure Injury 101

**Myth:** A Braden rating of 18 or less automatically triggers a Wound Care consult.

**Reality:** Braden score of 11 or less triggers a Wound Care Consult. Many of our low mobility patients who are eating and drinking poorly should rate in the 14-16 category. Chart reviews by Quality and Education staff find patients are rated far too well, based on their stated abilities before they were hospitalized.

**Myth:** If I chart an abnormality in the skin assessment a Wound nurse will review my findings.

**Documentation:** Only charting in the pressure injury section will trigger chart review by the Wound, ostomy, and continence nurse team.

**Myth:** A “regular” nurse can’t stage or measure an injury.

**Assessment:** Every nurse can document size or stage of a pressure injury. There is a mm/cm ruler on the packaging of cotton swabs. A Wound care nurse will confirm measurements.

**Myth:** Pressure injuries can happen anywhere.

**Fact:** Pressure injuries are always over a bony prominence. Wounds on calves are a vascular ulcer or mechanical injury (tear, scrap, abrasion).

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Patient Belongings

MercyOne is updating the options for patient's personal belongings. We have added the small green bag for their personal items (phones, tooth brush, medications) while keeping the large clear plastic bags for their clothing and other bulky items.

The green luggage style tag can be used on either bag. Add the patient sticker or write their name and room number. When possible send belongings with family or caregivers. Improved documentation enables us to keep belongings with the patient during transfers.

When patients are confused, nurses and nursing assistants should double check the patient room to assure belongings move with the patient.

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Product Change

We are changing the way we do things here at MercyOne again. After several years of using the football sized PleurX drain, we have switched to the newer Merit Aspira bag version.

Often used for malignant pleural effusions or acities, these can be used to drain fluid from either the chest or abdominal cavity. The Merit Aspira bag will be easier for the patients to use and easier to empty and dispose of at home.

To use, gently squeeze the bulb once to start to pull fluid and place the bag arms length below the drainage site to drain. Measure and chart your output.

Place the bag in the soiled utility for disposal.

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What’s Your School?

Attention all nurses! Enter your education into the Workday platform. Update the school and year of graduation in the education section from the careers tab, or in your summary. Many nurse do not have this field loaded, including senior nursing staff.

When we are missing staff we can not report accurate information back to your alma maters.