MANAGEMENT OF A CRE PATIENT IN A GIT UNIT

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Please note…

- This is the procedure followed at Netcare Unitas Hospital.
- This only represents the actions that we take in our unit to manage the care of a CRE patient in our unit.

SA ignorant about antibiotics and ‘superbugs’

South Africa is facing a superbug epidemic


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HOSPITAL
A & E
E.N.T
M.R.S.A
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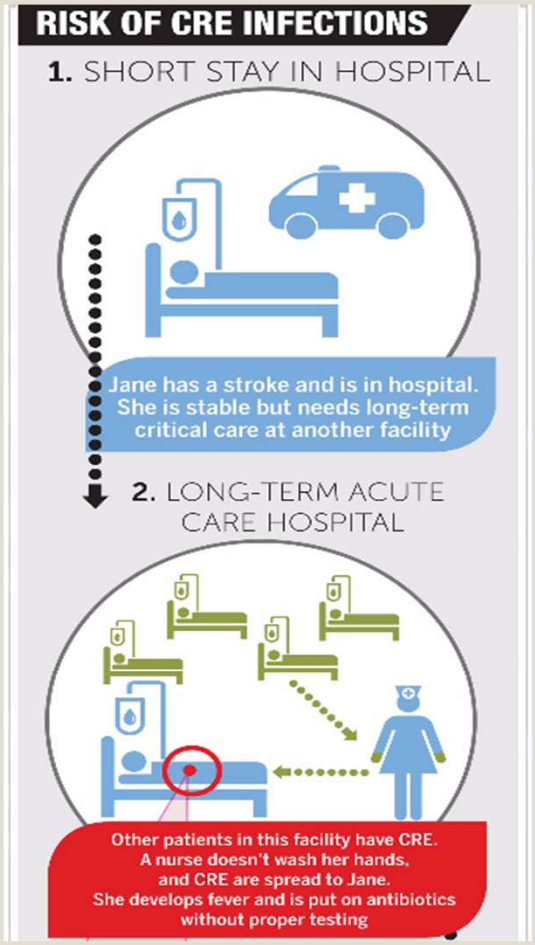
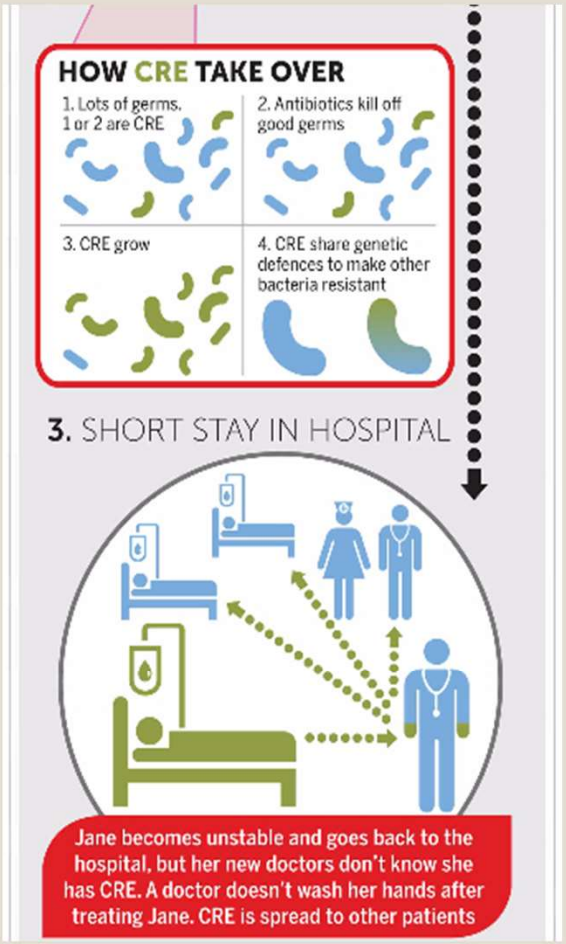
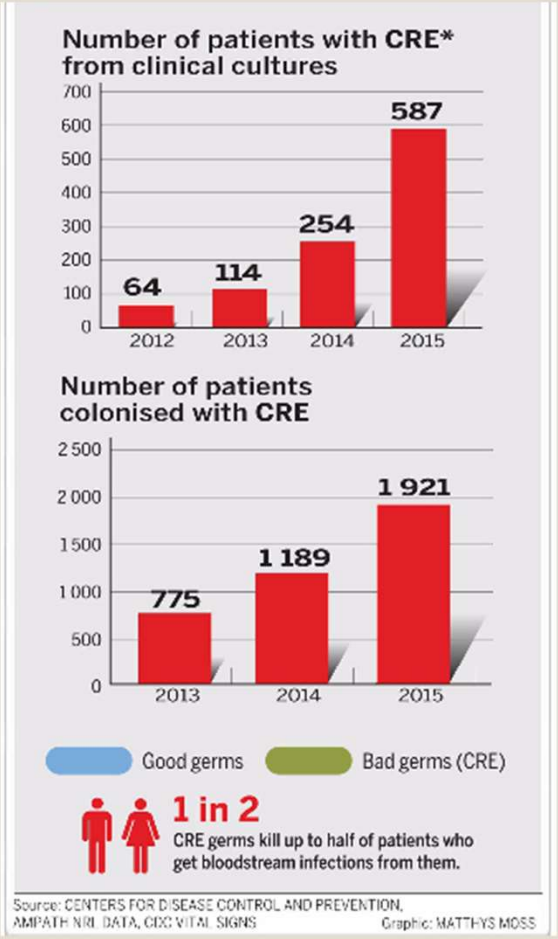
What is CRE?

- **CRE** stands for **Carbapenem-resistant Enterobacteriaceae**
- Family of drug resistant bacteria
- Commonly include Klebsiella – E. coli
- May also include MRSA or C diff.


RISK OF CRE INFECTIONS
1. SHORT STAY IN HOSPITAL
Jane has a stroke and is in hospital. She is stable but needs long-term critical care at another facility
2. LONG-TERM ACUTE CARE HOSPITAL
Other patients in this facility have CRE. A nurse doesn't wash her hands, and CRE are spread to Jane. She develops fever and is put on antibiotics without proper testing


HOW CRE TAKE OVER
1. Lots of germs, 1 or 2 are CRE
2. Antibiotics kill off good germs
3. CRE grow
4. CRE share genetic defences to make other bacteria resistant
3. SHORT STAY IN HOSPITAL
Jane becomes unstable and goes back to the hospital, but her new doctors don't know she has CRE. A doctor doesn't wash her hands after treating Jane. CRE is spread to other patients


Number of patients with CRE* from clinical cultures
700
600
500
400
300
200
100
0
64
114
254
587
2012
2013
2014
2015
Number of patients colonised with CRE
2 500
2 000
1 500
1 000
500
0
775
1 189
1 921
2013
2014
2015
Good germs
Bad germs (CRE)
1 in 2
CRE germs kill up to half of patients who get bloodstream infections from them.
Source: CENTERS FOR DISEASE CONTROL AND PREVENTION, AMPATH NRL DATA, CDC VITAL SIGNS
Graphic: MATTHYS MOSS

But how do we manage these patients in a hospital environment?

- At Unitas we have an entire ward dedicated to isolation of patient's, which includes CRE patients.

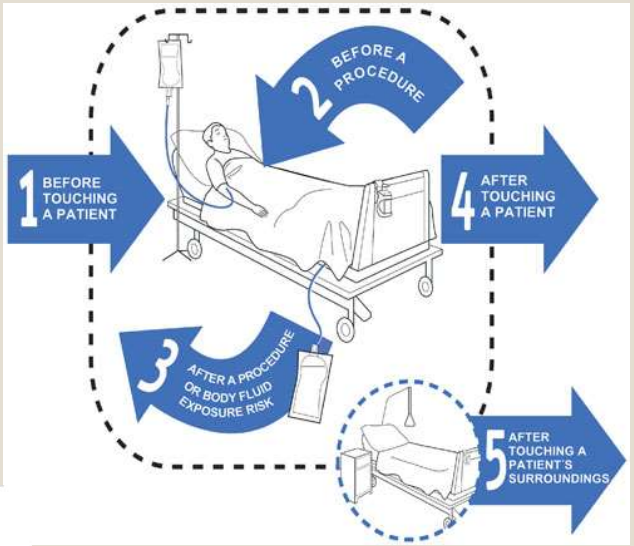
- Contact Precautions are used for patients known or suspected to be infected or colonised with micro organisms that can be transmitted by direct contact with the patient or indirect contact with environmental surfaces or patient care items in the patients environment.

Contact Precautions involves wearing the following:

Contact Precautions also involves:

❖Hand Hygiene as per the WHO's 5 moments:

1) Before patient contact
2) Before an aseptic task
3) After body fluid exposure
4) After patient contact
5) After contact with patient surroundings.



❖Hand rub should be available at every point of care

Transfer of patient to unit

- Patient does not wait in waiting area
- Patient goes directly into the prepare theatre
- Patient does not go to the recovery room
- Patient is kept in the theatre until awake or ready to be transferred back to the ward.

- Transportation: Patient accompanied by 3 nurses (2 to push the bed, 1 nurse to carry file and open doors, elevator buttons)

Last on the list…

- If we know that the patient is CRE positive or may be positive, the patient is placed last on the theatre list.
- Preparation of theatre before the case is done:

❖ Everything that is not necessary for the case is removed. As it deems a potential risk to be contaminated.

❖ Example: Glove boxes, specimen bottles, theatre towels and any extra equipment.

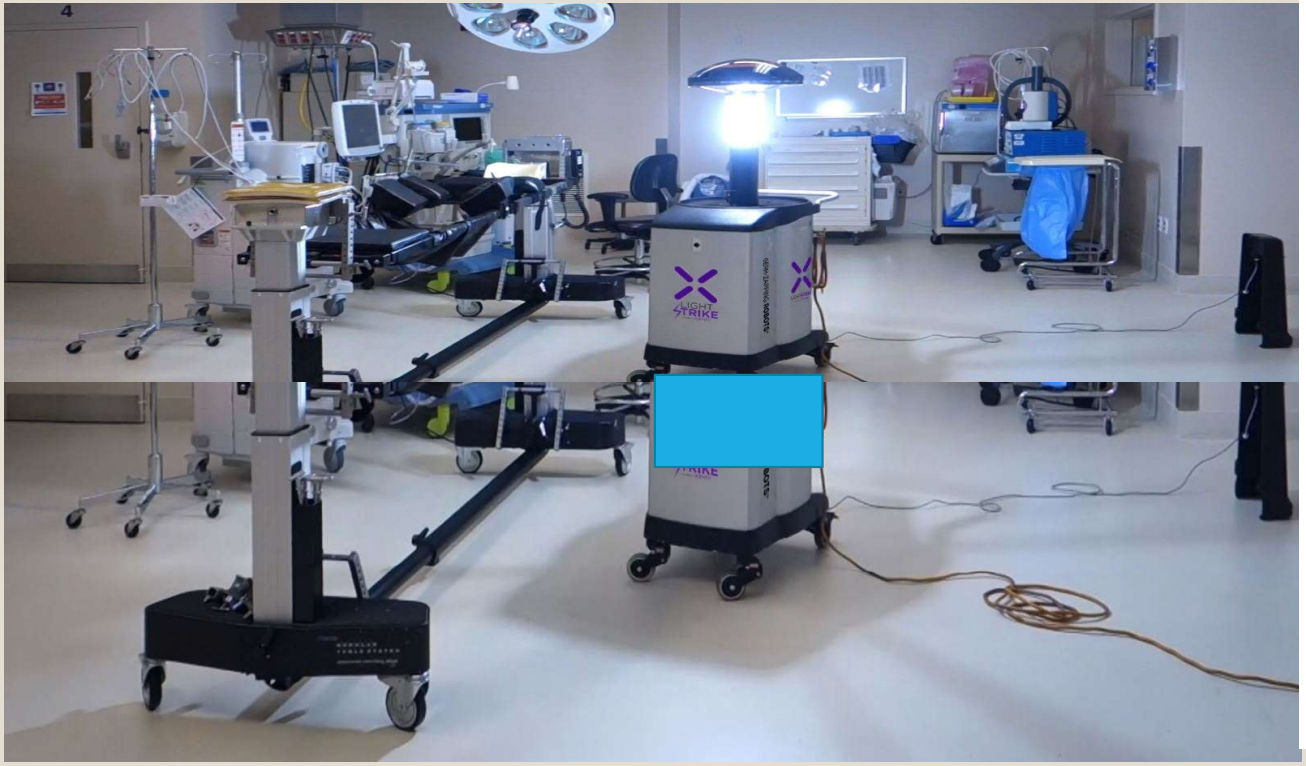
Scope cleaning:

- Scope is cleaned as per the protocol:
- ❖ wiped down, suctioned and flushed in theatre
- ❖Manual brushing done, brush then discarded in red bin
- ❖Scope placed into our automated endoscope reprocessor on cycle 2 (which is a double cycle)

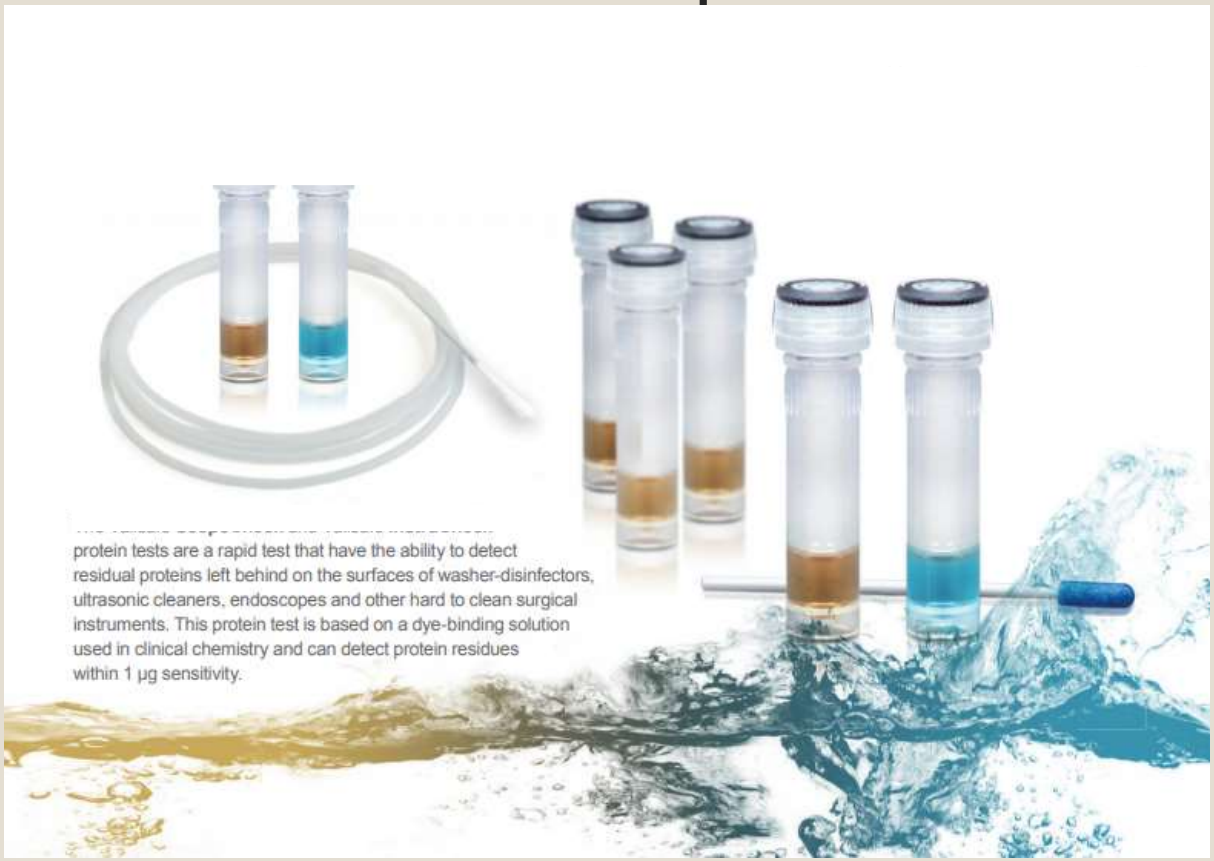
Terminal cleaning

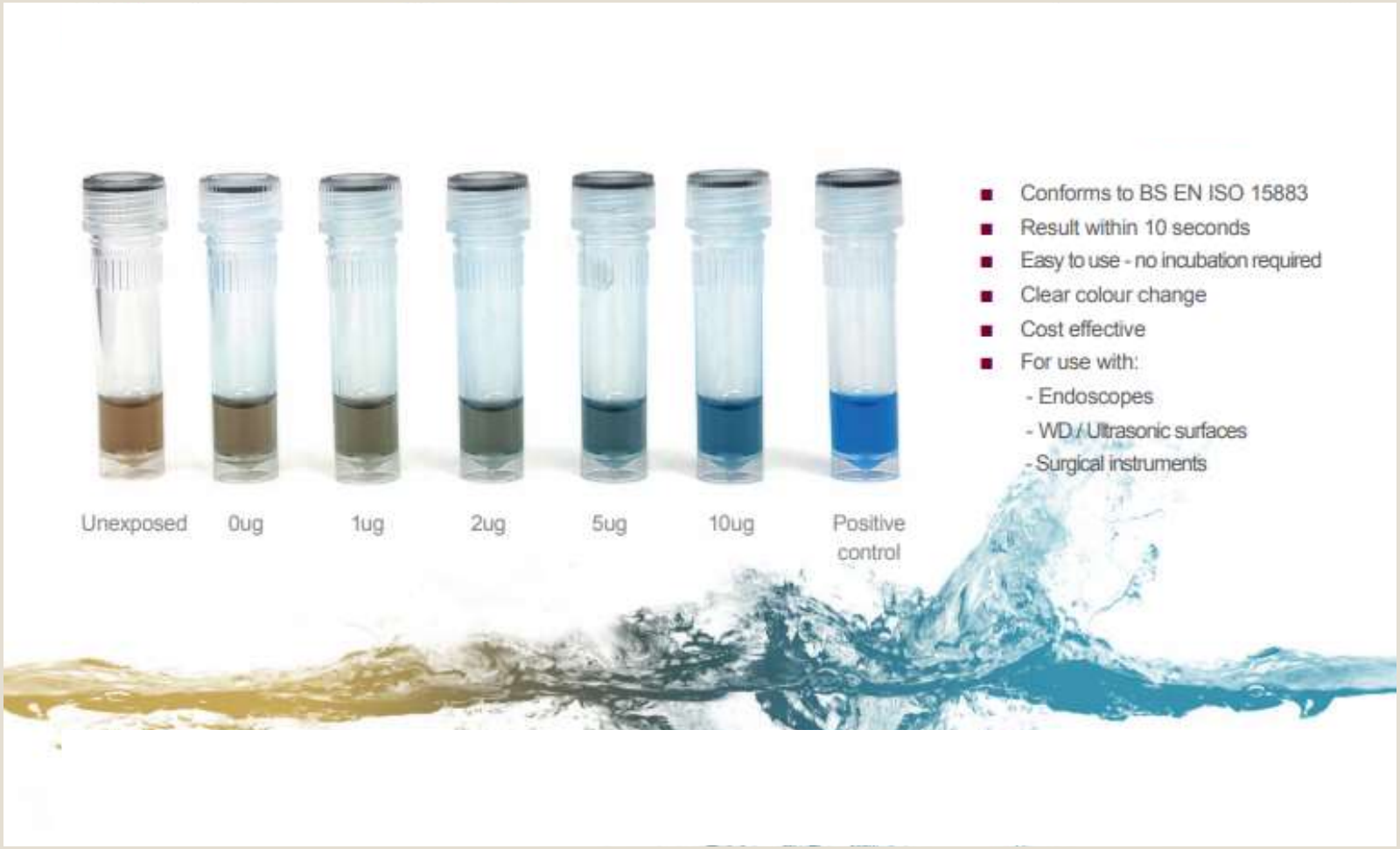
- Methods vary
- Remove all detachable objects
- Cleaning lighting and air duct surfaces
- Cleaning everything downward to the floor
- All items removed, sanitized and disinfected before returning to the room
- Done over a period of an hour, cleaning 3 times, allowing the cleaning agent to dry after each cleaning
- Hypochloride 1000 ppm used as main cleaning agent

UV Robot



Protein test on scopes




Unexposed
0ug
1ug
2ug
5ug
10ug
Positive control
Conforms to BS EN ISO 15883
Result within 10 seconds
Easy to use - no incubation required
Clear colour change
Cost effective
For use with:
- Endoscopes
- WD / Ultrasonic surfaces
- Surgical instruments

- We are required to submit at least 2 scope checks per month.
- Evidence is submitted to our Head office
- Proof is kept in the unit
- All scopes to be checked within a 6 month period
- High risk scopes to be checked more often

- A positive test would result in investigations to the source.
- Whether in the manual cleaning process or automated endoscope reprocessor.

UNITAS GASTRO UNIT TEAM


Danke
Sukria
TAKK
Merci
Xie Xie!
THANK
TODA
EFHARISTO
YOU
SHUKRAN
grazi
Tack
KIITOS
GRACIAS
INSTUTIY
Dankie