EDUCATIONAL SESSIONS HELP TO IMPROVE NURSES CLINICAL PRACTICES AND KNOWLEDGE FOR PORT-A-CATH (PAC) CARE IN CHILDREN WITH CANCER

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Abstract

Purpose:

The purpose of this study was to decrease CVL infections in tertiary care hospital oncology unit

Introduction: Catheters are the leading source of bloodstream infections for patient receiving chemotherapy or other long term treatment. Comprehensive unit-based programs have proven to be effective in decreasing catheter-related bloodstream infections. Central venous catheters (CVL)or central lines (defined as a vascular infusion device that terminates at or close to the heart or in one of the great vessels) are used in inpatient and outpatient clinical settings to provide long-term venous access for patients with a wide variety of illnesses and conditions. A CVL is a long, soft, thin, flexible tube that is inserted into one of the large veins leading to the heart.

Methods/Discussion:

Design: Pre intervention and post intervention observational study.

Setting: The 31 bed medical & oncology unit in a tertiary care hospital.

Between February 2014 and Auguest201, all patients admitted to the medical with CVL were surveyed prospectively for the development of catheter-associated bloodstream infection.

A mandatory education program directed toward Medical & oncology unit nurses was developed by Clinical nurse instructor to highlight correct practices for the prevention of catheter-associated

bloodstream infection. The program consisted of a unit in-service session including pre and post test based Presentations on risk factors and practice modifications involved in catheter-related bloodstream infections. Each participant was required to complete a pretest before Presentation and an identical test after completion of the Presentation

Findings/Results:

A fifteen episode of catheter-associated bloodstream infection occurred out of 50 catheters insertion in the 6 months before the introduction of the education program. Following implementation of the intervention, the rate of catheter-associated bloodstream infection decreased to 5 episodes out of 20 catheter insertion in the 6 months after the initiation of the education program.

Conclusion:

An intervention focused on the education of health-care providers on the prevention of catheter-associated bloodstream infections may lead to decrease in the incidence of primary bloodstream infections

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