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### 急诊留观病房病原学调查及药物敏感性分析

Etiological Investigation and Drug Sensitivity Analysis of Infectious Diseases in Emergency Observation Ward

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中文摘要:

目的 对急诊留观病房感染病原学分布和常用抗菌药物敏感率进行调查分析, 为临床合理应用抗菌药物有效控制感染提供依据。方法 对2009年7月—2012年6月杭州市第一人民医院急诊留观病房患者送检样本阳性占有率、病原菌分布及主要病原菌对常用抗菌药物敏感率采用回顾性方法进行分析。结果 分离菌株430株, 痰液阳性样本占有率最高, 为42.56%。主要病原菌为金黄色葡萄球菌、大肠埃希菌、铜绿假单胞菌、凝固酶阴性葡萄球菌、肺炎克雷伯菌和鲍曼不动杆菌等, 检出率之和占70.00%。大肠埃希菌对头孢他啶、碳青霉烯类、哌拉西林/他唑巴坦、头孢哌酮/舒巴坦敏感率在75%以上, 铜绿假单胞菌对头孢他啶、头孢吡肟、碳青霉烯类、哌拉西林/他唑巴坦、头孢哌酮/舒巴坦、庆大霉素、阿米卡星敏感率在75%以上, 肺炎克雷伯菌对碳青霉烯类、阿米卡星敏感率在75%以上, 鲍曼不动杆菌对碳青霉烯类、头孢哌酮/舒巴坦敏感率在75%以上; 金黄色葡萄球菌和凝固酶阴性葡萄球菌对糖肽类抗菌药物和复方新诺明敏感率在75%以上。大肠埃希菌产ESBLs阳性率50.72%, 肺炎克雷伯菌产ESBLs阳性率33.33%, 产ESBLs菌对常用抗菌药物敏感率明显低于非产ESBLs菌。结论 大型综合医院急诊留观病房病原菌分布及耐药性与社区感染及医院感染均存在差别, 主要病原菌耐药率均较高且呈多药耐药, 碳青霉烯类、头孢哌酮/舒巴坦对革兰阴性菌敏感率较高, 糖肽类抗菌药物对革兰阳性菌敏感率较高, 急诊医师应参考药敏结果合理选用抗菌药物。

## 英文摘要:

**OBJECTIVE** To analyse etiological distribution and drug sensitivity of commonly used antimicrobial agents in emergency observation ward, providing a basis for the application of antibacterial drugs reasonably and infection control in the clinic. **METHODS** Retrospectively analysed the positive rate and pathogenic bacteria distribution and the sensitive rate of main pathogenic bacteria to commonly used antimicrobial agents of the specimens of The First People's Hospital of Hangzhou emergency observation ward patients from July 2009 to June 2012. **RESULTS** There were 430 strains isolated during 3 years in emergency observation ward. Mainly for *Staphylococcus aureus*, *Escherichia coli*, *Pseudomonas aeruginosa*, coagulase negative staphylococcus, *Klebsiella pneumoniae* and *Acinetobacter Baumannii* the relevance ratio sums to 70%. *E.coli* was the main pathogenic bacteria, the sensitive rate of which to ceftazidime, carbapenems, piperacillin/tazobactam, cefoperazone/shubatan was more than 75%. The sensitive rate of *Pseudomonas aeruginosa* to ceftazidime, cefepime, imipenem, piperacillin/tazobactam, cefoperazone/sulbactam, gentamicin, amikacin was more than 75%. The sensitive rate of *Klebsiella pneumonia* was more than 75% only to carbapenems, amikacin. The sensitive rate of *baumanii* was more than 75% only to carbapenems, cefoperazone/shubatan. The sensitive rate of *Staphylococcus aureus* and coagulase negative staphylococcus was more than 75% only to glycopeptide antibiotics and cotrimoxazole. The positive vate of extended-spectrum beta- lactamases(ESBLs)-producing *Escherichia coil* was 50.72%, which of *Klebsiella pneumonia* was 33.33%. The drug resistance rate of ESBLs producing bacterias was lower obviously than that of the bacteriaw which dodn't produce ESBLs. **CONCLUSION** There are differences about the pathogenic bacteria distribution and drug resistance between emergency observation ward and both the community infection and hospital infection. The drug resistance rates are high to the main pathogenic bacteria and shows multidrug resistance. The sensitive rate of carbapenems, cefoperazone/shubatan and glycopeptide antibiotics are high to gram positive and gram negative bacteria. Emergency physicians should use antibiotics reasonably for treatment referring to susceptibility results.

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