

论著

外科重症监护室多重耐药菌医院感染控制效果研究

贾会学<sup>1</sup>, 赵艳春<sup>2</sup>, 任军红<sup>2</sup>, 林金兰<sup>2</sup>, 李六亿<sup>2</sup>

1 北京大学公共卫生学院, 北京100191; 2 北京大学第一医院, 北京100034

摘要:

目的了解通过采取综合控制措施, 外科重症监护室(SICU)多重耐药菌(MDROs)医院感染控制效果。方法对2007年1月1日—2010年12月31日检验科报告的所有耐甲氧西林金黄色葡萄球菌(MRSA)、耐万古霉素肠球菌(VRE)、产超广谱β内酰胺酶大肠埃希菌及肺炎克雷伯菌、多重耐药鲍曼不动杆菌(MDR Ab)阳性的SICU住院患者进行调查。2008年7月1日—2010年12月31日, 采用前瞻性方法调查, 并对感染及定植患者采取“Bundle”控制措施(如手卫生、单间隔离、戴手套、穿隔离衣等)。2007年1月1日—2008年6月30日, 对住SICU且上述5种病原体阳性患者(未采取“Bundle”控制措施)的病历进行回顾性调查, 调查内容相同, 分析采取“Bundle”控制措施的效果。结果2007年1月1日—2010年12月31日SICU共收治3 526例患者, 11 207患者住院日, 共发生104例次MDROs感染, 其中ICU相关的感染65例次(62.50%), 非ICU相关的感染39例次(37.50%)。随着“Bundle”控制措施的有效落实, ICU相关感染明显下降(18.75%), 以MRSA和MDR Ab医院感染控制效果最为显著(均P<0.05)。结论SICU内MDROs医院感染严重, 通过采取“Bundle”控制措施, ICU相关感染能得到有效控制。

关键词: 重症监护室 外科 多重耐药菌 耐甲氧西林金黄色葡萄球菌 耐万古霉素肠球菌 超广谱&beta内酰胺酶 大肠埃希菌 肺炎克雷伯菌 鲍曼不动杆菌

Control efficacy of hospital acquired multidrug resistant organism infections in a surgical intensive care unit

JIA Hui xue<sup>1</sup>, ZHAO Yan chun<sup>2</sup>, REN Jun hong<sup>2</sup>, LIN Jin lan<sup>2</sup>, LI Liu yi<sup>2</sup>

1 School of Public Health, Peking University, Beijing 100191, China; 2 Peking University First Hospital, Beijing 100034, China

Abstract:

Objective To investigate the control efficacy of hospital acquired multidrug resistant organism infections (MDRO HAIs) through carrying out bundle measures in a surgical intensive care unit (SICU). Methods SICU patients with positive cultures of methicillin resistant Staphylococcus aureus (MRSA), vancomycin resistant Enterococcus (VRE), extended spectrum β lactamase positive Escherichia coli (ESBL E. coli), ESBL positive Klebsiella pneumoniae (ESBL Kp), and multidrug resistant Acinetobacter baumannii (MDR Ab) between January 1, 2007 and December 31, 2010 were selected for investigation. From July 1, 2008 to December 31, 2010, patients were investigated prospectively and bundle measures (such as hand hygiene, single room isolation, gloves, and isolation gowns) for patients with MDRO infection or colonization were carried out. From January 1, 2007 to June 30, 2008, medical records of patients (without performing bundle measures) with above 5 pathogens were surveyed retrospectively, and efficacy of bundle measures was analyzed. Results From January 1, 2007 to December 31, 2010, a total of 3 526 patients were admitted to this SICU, there were 11 207 bed days, and there were totally 104 episodes of MDRO infections including 65 (62.50%) cases of ICU associated infections (ICUAI) and 39 (37.50%) non ICU associated infections. ICUAI, especially MRSA and MDR Ab infection, decreased significantly (18.75%) along with the carrying out of bundle measures. Conclusion MDRO infections in SICU are serious, which can be controlled effectively through bundle measures.

Keywords: intensive care unit, surgery multidrug resistant organism methicillin resistant Staphylococcus aureus vancomycin resistant Enterococcus extended spectrum β lactamase Escherichia coli Klebsiella pneumoniae Acinetobacter baumannii

收稿日期 2011-06-29 修回日期 2011-08-23 网络版发布日期 2012-07-30

DOI:

基金项目:

通讯作者: 李六亿

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作者简介: 贾会学 (1981-), 女(汉族), 河北省衡水市人, 助理研究员, 主要从事医院感染监测、控制与管理研究。

作者Email: lucyliuyi@263.net

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