

**VISOKA ZDRAVSTVENA ŠOLA V CELJU**

**DIPLOMSKO DELO**

**IZVAJANJE UKREPOV KONTAKTNE IZOLACIJE**

**PROVIDING MEASURES OF CONTACT ISOLATION**

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## POVZETEK

**Uvod:** Preprečevanje bolnišničnih okužb je danes v središču skrbi za pacientovo varnost in eden najpomembnejših kazalcev kakovosti zdravstvene oskrbe. Okužbe, ki jih dobi pacient med zdravljenjem, lahko bistveno poslabšajo njegovo zdravstveno stanje ali celo ogrozijo življenje. Po današnjem znanju so bolnišnične okužbe predvidljive, celo pričakovane, zato želimo z doslednim izvajanjem izolacijskih ukrepov preprečiti širjenje večkratno odpornih mikroorganizmov. Z notranjo presojo kontaktne izolacije smo želeli ugotoviti, kako se v Splošni bolnišnici Celje izvajajo ukrepi kontaktne izolacije.

**Metoda:** Raziskava je temeljila na kvantitativni metodi raziskovanja, metodi deskripcije. Podatke smo pridobili s pomočjo metode opazovanja na podlagi strukturiranega obrazca za notranjo presojo kontaktne izolacije, ki ga je sprejela Komisija za obvladovanje bolnišničnih okužb leta 2010. Izvedli smo 50 notranjih presoj kontaktne izolacije, in sicer 25 na kirurških in 25 na internističnih oddelkih.

**Rezultati:** Na internističnih oddelkih je bilo od 25 notranjih presoj kontaktne izolacije 13 (52 %) skladnih ter 12 (48 %) neskladnih. Največje težave so imeli pri odprtih vratih bolniških sob, neuporabi osebnih zaščitnih sredstev, dodelitvi individualnih pripomočkov in opreme za nego ter preveliki zalogi materiala v bolniški sobi. Na kirurških oddelkih je bilo skladnih 19 (76 %) notranjih presoj in 6 (24 %) neskladnih. Imeli so težave s preveliko zalogo materiala v bolniški sobi in pripomočki ter opremo za nego.

**Razprava in sklep:** Najpomembnejše je zgodnje odkrivanje koloniziranosti pacienta in pravočasno izvajanje ukrepov kontaktne izolacije, da se lahko prepreči prenos bolnišničnih okužb na druge paciente ter zdravstveno osebje, ki so bolnišničnim okužbam vsakodnevno izpostavljeni. Zdravstveno osebje ima pri tem velik vpliv, saj se ogromno bolnišničnih okužb prenese preko njihovih rok ter pripomočkov in opreme, ki jih uporabljamo pri pacientih. Raziskava je pokazala, da se ukrepi kontaktne izolacije ne izvajajo tako kot bi se morali. Da bo skladnost ukrepov višja, je potrebno zdravstveno osebje redno izobraževati ter motivirati, zagotoviti več osebja s posebnim znanjem na področju bolnišnične higiene ter večje število kadra. Zdravstveno osebje bi morali ponovno poučiti glede pravilnega razkuževanja in umivanja rok. Zavedati se moramo, da smo dolžni storiti, kar je mogoče, da do kolonizacije ne pride. V primeru, da se pri pacientu odkrije koloniziranost s katerikoli večkratno odpornim mikroorganizmom ravnamo z njim enako kot z ostalimi pacienti. Obravnavamo ga celostno, individualno in strokovno.

**Ključne besede:** bolnišnične okužbe, kontaktna izolacija, notranja presoja, izvajanje ukrepov

## SUMMARY

**Introduction:** Nowadays, one of the main concerns about patient's safety is prevention of nosocomial infections, which are at the same time one of the most important indicators of the quality of medical care. Infections contracted during the medical treatment can significantly worsen the medical condition of a patient or even endanger his life. According to current knowledge, nosocomial infections are predictable and expected that is why we want to prevent additional spread of multi-resistant microorganisms by consistent implementation of isolation measures. By internal judgement we wanted to determine how the staff of Celje General Hospital executes measures of contact isolation.

**Method:** The research is based on two methods, quantitative and descriptive. Data was gathered through observation that was based on structured form for internal judgement of contact isolation and was approved by National Commission for hospital hygiene and infection prevention in 2010. There were 50 internal judgements of internal isolation; that is 25 in the surgical ward and 25 in the department of internal medicine.

**Results:** 13 out of 25 (52 %) from the department of internal medicine were compliant, while the rest, that is 12 (48 %) were non-compliant. Most problems occurred because of the following reasons: doors of hospital rooms were opened, personal preventatives were not used by the staff, individual remedy and equipment for medical care were allocated, and materials in hospital rooms were overstocked. At the surgical ward, 19 (76 %) internal judgement forms were compliant, the rest, that is 6 (24 %) were not compliant. The problems appeared because of the excessive stock material in hospital rooms, remedy and equipment for health care.

**Analysis and conclusion:** The most significant is early discovery of colonization of patient and timely implementation of measures of contact isolation. Due to the latter, the transmission of nosocomial infections to other patients and hospital staff, who are daily exposed to this kind of infections, can be prevented. Hospital staff plays an important role in preventing transmission of infections, as most of the infections are contracted through touch and equipment that is used while taking care of patients. The research showed that measures of contact isolation are not executed in the way they are supposed to be. For better results, the hospital staff should take part in vocational training, there should be more staff with specific expertise in the field of hospital hygiene and more hospital staff should work in separate wards. Hospital staff should be re-educated about proper disinfection and hand washing. Each individual should be aware that we are obliged to follow the instructions to prevent contamination or to prevent the spread of infection. In the case of colonization of patient with any multi-resistant microorganism the patient should be treated the same as other patients; comprehensively, individually and professionally.

**Key words:** nosocomial infections, contact isolation, internal judgment, implementation of measures