8th World Congress on MIDWIFERY AND WOMENS HEALTH March 18-19, 2019 Sydney, Australia

Educational sessions help to improve nurse's clinical practices and knowledge for Port-A-Cath (PAC) care in children with cancer

Shazia Meraj Ali Mediclinic Alain, UAE

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.

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

Methods: Design: Pre intervention and post intervention observational study. Setting: The 31 beds medical and oncology unit in a tertiary care hospital. Between February 2014 and August 201, 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 and 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.

Results: 15 episodes 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.

shaziameraj@gmail.com