



# Stop and Think—*Twice!*

How nurses can prevent hospital-borne infection and cross contamination by following more careful protocol.

BY GENEVIÈVE M. CLAVREUL, RN, PHD

**THE OTHER DAY MY DAUGHTER AND I** went to visit an elderly friend who had been recently hospitalized. I generally don't like visiting people in the hospital because far too often I discover that they are not receiving the highest quality of care, which then forces me into my patient advocacy role to do what I can to correct the situation. I find the staff nurses often react negative-

ly to this intervention and I have learned to pick my battles carefully.

As we visited with our friend, the physical therapist came in to teach her to use her new cane in preparation for discharge from the hospital later that week. I watched the PT carefully work with our friend and was duly impressed with her attentiveness until she prepared to leave.



The nurse made a point to sit on the bed of her patients as she spoke to them.

She didn't stop to think that she could be serving as  
a vector for infection.

It was at this point she helped my friend get comfortable by pulling a towel she was sitting on out from underneath her and placing it underneath my friend's bandaged arm. She left and shortly afterwards a nurse who did not identify herself entered, announcing that it was time to take "blood sugars." She placed her large kit on the bed, took out the glucose meter, placed it first on the bed linen, then transferred it to the towel my friend had been sitting on, and on which her bandaged hand now rested, pricked her left arm, took the reading, announced the results (which was of course none of our business and an HIPPA violation) then put everything back into the kit, and left the room with the same gloves she wore when she entered.

And some nurses wonder how hospital-borne infections and cross-contaminations occur!

Also, it was apparent that my friend's exposed right shoulder drain was extruding purulent greenish drainage and yet at no time did either the PT nor the nurse address this or take extra precautions.

As I sat typing this column and reading snippets to my daughters, one of them suggested that I add another very similar story. Once again we were visiting a hospitalized friend in a different part of town and in an entirely different hospital, but the scenario is strikingly the same.

As we waited in the hospital hallway, I took the opportunity to observe the RNs at their work. There was a particular nurse who had my attention, a male nurse who was helping an elderly female patient in a wheelchair whom he had moved into the hallway while he changed the bed linens in her room.

Prior to going into her room he did his best to make her comfortable in the wheelchair and as he attempted to place her leg with a dressing in an elevated leg rest he noticed that the device was broken and would not stay in position. Not to let this slight "hiccup" impede his objective, I watched as he went back into her room, removed the trash-filled trash liner from the trash can, and placed the now empty trash can under her leg to serve as a makeshift leg rest.

Can we enumerate all the problems with the action this nurse took, and if you think there are none then it's back to Nursing 101 with you!

### THE RISE OF INFECTIONS

Today you cannot pick up a trade newsletter, magazine, or even mainstreet newspaper without reading a story about the rise of hospital-borne infections. More often than not, experts lay the blame on overprescription or misuse of antibiotics. However, I also have to wonder how often poor technique, laziness and just not giving a darn on the part of the hospital staff has to do with some of the infections that occur? If we as professionals just took a moment to stop and think how our actions contribute to the infection rate in our units, hospitals and the community, then

we could have a huge impact on the problem.

As RNs, we are often the first line of defense for our patients since we see, speak and interact with them nearly 100 percent of the time they are hospitalized. Consequently, we carry a larger burden of responsibility for their care and well-being, which is why we must be vigilant in our role when it comes to the potential for being one of the causative factors in infections.

For example, not that long ago there was an active discussion on one of the nursing lists on which I participate about how one nurse made a point to sit on the bed of her patients as she spoke with them. This was her way of showing that she cared and she felt strongly that it was one of her best tools to help calm a nervous patient. The hue and cry that was raised by many of the other list members, especially the infectious disease nurses, just about overwhelmed all other discussions—and rightly so. It never dawned on this nurse that she could be serving as an infection vector.

To play our part in the reduction of cross-contamination and infections we must follow and adhere to the infectious disease protocol that is delineated by our hospital. In addition, we should always take a moment to stop and think: "am I doing something that might be contributing to the spread of infection?"

Think about where you place equipment. If it's sterile, are you putting it in a sterile area? If you are unsure, take a moment and either wipe the area down or select another place to put the equipment. When making the patient comfortable, check that pillows, sheets, and towels are as contaminate-free as possible. Does that mean you need to change linens each and every time—of course not. However this does mean that you shouldn't use the towel that the patient had just been sitting on or that was on the floor, and position it in such a way that it comes in contact with an open wound, bandaged area or drain. Sometimes RNs make the mistake of failing to either glove or not glove appropriately and then everyone scratches their head and wonders why they can't seem to keep a hospital-borne infection in check.

I wonder how many cross-contaminations could be avoided if the RN, doctor or other individual on the health-care team had simply "stopped and thought" about how their next action might affect the patient? There is a reason why basic nursing skills and practice are the core of our profession, because these simple yet key practices make a huge difference in the quality of care our patients receive. It could make a world of difference. **WN**



*Geneviève M. Clavreuil, RN, PhD, is a healthcare management who has experience as a director of nursing and as teacher of nursing management. She can be reached at: Solutions Outside the Box; PO Box 867, Pasadena, CA, 921102-867; gmc@solutions-outsidethebox.net; (626) 844-7812*