

Surgical infection term paper examples

[Technology](#), [Development](#)



- Scope and purpose of the clinical practice guideline

Surgical infection is a healthcare associated infection where a wound infection occurs after an invasive/ surgical procedure (Gruendemann & Mangum, 2001). Other types of infections that occur especially for surgical patients include urinary tract infection, bacteraemias, anti-biotic- related diarrhea and postoperative respiratory. Surgical infections are usually experienced with the first seven to ten days after the operation/ surgery to a life threatening postoperative complication. Some of these include a sternal infection, which occurs after an open heart surgery. Surgical infections, at least most of them, are caused by contamination of an incision with micro-organisms from the body of the patient during the surgery. Surgical infection guidelines are offered by the AHRQ guidelines (CG74) and were published in October 2008. The AHRQ guidelines cover individuals who will have to go through a procedure that involves a cut through their skin for any operation process whatsoever. The guidelines, however, do not cover people who will have an operation that does not involve any cutting of the skin. Groups covered here include cuts through the skin that are of minimal invasive surgery; mainly thoracoscopic, arthroscopic and laparoscopic surgery. They do not also cover children and adults who will have procedures involving catheters placed that are placed in blood vessels mainly referred to as thin tubes. The guidelines do not also cover people with shunts. Shunts are tubes that are inserted into the body to divert fluid. People with thin flexible telescopes referred to as endoscopes to view the inside of the body or any metal pins that are used externally to treat broken bones are also not covered by these guidelines. These are usually surgeries that do not involve

a visible surgical incision. They, therefore, do not result in the presence of conventional surgical wound. Apart from those listed above, groups that have vaginal hysterectomy, transurethral resection of the prostate and oral surgery are also not covered by these guidelines.

- Stakeholder involvement

The guidelines for surgical infections were developed by National Collaborating Centre for Women's and Children's health. The group was commissioned to develop the guidelines by the AHRQ (AHRQ, 2008). They established a Guideline Development Group whose main aim was to review the evidence and develop the necessary recommendations. The development of the guidelines was overseen by an independent Guideline Review Panel. The guidelines used by AHRQ are usually developed in accordance with the core principles of the organization. These key principles include: The process and the decision making part have to be transparent, consultations have to be made, dissemination and implementation have to be effective, review of the guidelines has to be done regularly. There has to be input from experts, people using the service, care givers and the public in general. Any guidelines developed should ensure that for starters the services and care provided are suitable for most people who have a specific condition or need. Second, the services and care have to be suitable for particular groups, people or populations in particular settings or circumstances. Thirdly, the guidelines have to include ways that can be used to promote and protect good health and to prevent ill health. The guidelines have also to have the provision and configuration of health and social care service. They also ensure that the guidelines have recommendations on how

the public sector and partnerships that deal with health issues can improve the quality of care and services.

- Rigor of Development

Rigor development of the surgical infection guidelines involves the implementation of these guidelines, after they are made. NHS organizations are assessed by the Health Commission on how well they have met the core and developmental standards that are set by the Department of Health. They usually look at the Standards for better health. The implementation of these guidelines is important because it forms part of the developmental standards D2 and Core standard C5. These two standards state that the NHS organization should take into account guidelines that are agreed nationally when they are planning and delivering care. When implementing any developed guidelines, some information is passed to the patients and the carers. Patients and carers should be offered clear, consistent information and advice throughout the stages of the surgical infection. The information that is provided to these parties has to include information of risks of surgical infections, what can be done to reduce them and how they can be managed.

- Recommendations

Some of the recommendations that can be offered to a nurse who is handling a patient who has been through the surgical process are to maintain the homeostasis of the patients. It can be done first through oxygenation. Supplemented oxygenation in the recovery room will help in the prevention of any surgical infection. The other method is through perioperative blood glucose control. Some studies have shown that tight postoperative glucose control can reduce the risk of surgical infection. It can also reduce the

serious complications that may arise from sternal incision infections. Another recommendation is the dressing of the wound. Immediately after the surgery has taken place, the nurse should ensure that the wound or the place where the incision was done is dressed on a regular basis. The bandage of the wound should be dressed regularly, maybe once or twice a day so as to prevent any infections. The medication of the wound should also be given regularly to ensure that the wound heals fast. Any patient with a surgical infection, or is out of surgery can refer to a tissue viability nurse or any other health profession with tissue viability expertise for any advice on appropriate dressings. Such advice can be useful for any surgical wounds that are healing on secondary intention. Another important issue on this part is precautions that can be taken in the preoperative phase. Hair removal should not be used on a routine basis so as to reduce the risk of surgical infection. In cases where hair has to be removed, electrical clippers should be used with a single-use head on the day the surgery is scheduled to take place. Razors should also not be used for hair removal purposes as they increase the chances of getting surgical site infection.

The patient should also be given antibiotic prophylaxis before any clean surgery that involves replacing of a prosthesis or implant. The antibiotic should also be administered before any contaminated surgery or clean-contaminated surgery takes place. The antibiotics should, however, not be used on a routine basis for clean non-prosthetic uncomplicated surgeries. The local antibiotic should be used formulary, but the adverse effects should be considered when choosing any specific antibiotic for prophylaxis. The nurse in charge should also consider giving a single dose of the antibiotic

intravenously on starting anesthesia.

- Implementation

Some of the problems that can be encountered during the implementation of any guidelines is the lack of co-operation my members of the public or the commission in charge of implementing these guidelines. If these two groups are not in good terms, then the whole process is compromised.

References

AHRQ. (2014, March 1). Healthcare 411. AHRQ. gov. Retrieved October 20, 2014, from

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Gruendemann, B. J., & Mangum, S. S. (2001). Infection prevention in surgical settings.

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