

nosocomial infections

commonest nosocomial pathogens

- Methicillin resistant Staphylococcus aureus (MRSA)
- Coagulase negative Staph. (CNS)
- Enterococcus spp. (faecalis, faecium)
- Pseudomonas aeruginosa
- Acinetobacter baumannii
- Stenotrophomonas maltophilia
- Enterobacter spp
- Klebsiella spp.
- E. coli
- Serratia marcescens
- Proteus spp.
- Candida spp. (albicans, glabrata, krusei)

common commensals that cause infection in susceptible patients

Site	Common commensal organisms
Skin	Staph. epidermidis, streptococci, corynebacterium (diphtheroids) candida
Throat	Strep. viridans, diphtheroids
Mouth	Strep viridans, Moraxella cattharalis, actinomyces, spirochaetes
Respiratory tract	Strep. viridans, Moraxella, diphtheroids, micrococci
Vagina	Lactobacilli, diphtheroids, streptococci, yeast
Intestines	Bacteroides, anaerobic streptococci, Clostridium perfringens, Escherichia coli, Klebsiella, proteus, enterococci.

risk factors

- Patient**
 - Severity of illness
 - Underlying diseases
 - Nutritional state
 - Immunosuppression
 - Open wounds
 - Invasive devices
 - Multiple procedures
 - Prolonged stay
 - Ventilation
 - Multiple or prolonged antibiotics
- Environment**
 - Changes in procedures or protocols
 - Multiple changes in staff; new staff
 - Poor aseptic practice – poor hand washing
 - Patient to patient. Busy, crowded unit, staff shortages
- The Organism**
 - Resistance
 - Resilience in terms of survival
 - Formation of slime or ability to adhere
 - Pathogenicity
 - Prevalence

diagnosis

Diagnosis of infection usually requires the combination of both clinical findings and the results of diagnostic tests. Clinical diagnosis of infection from direct observation at surgery, endoscopy or other diagnostic procedure is an acceptable criterion for an infection. It must be hospital acquired. There must be no evidence that the infection was present or incubating at the time of hospital admission. Infection acquired in hospital, but only evident after hospital discharge also fulfils the criteria. Usually no specific time during or after hospitalization is given to determine whether an infection is nosocomial or community-acquired. Each infection is examined for evidence that links it to hospitalization (this is a matter of controversy).