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Results after implementation of a protocol on the incidence of urinary tract infection in an intensive care unit

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Introduction: Healthcare-associated infections (HAIs) are considered infections which occur after the admission of the patient to the hospital. Of the HAIs, urinary tract infections (UTI) are one of the most prevalent, and have the greatest potential for prevention, due to their relationship with urethral catheterization. Although cases of patients with urinary infection present a lower mortality rate (0.28%), a notification of an infection rate of 25% to 60%.

Aim & Objective: To compare the results of urinary tract infection incidence, by means of the rate of indwelling urethral catheter use, and to identify microorganisms in urine cultures before and after the implementation of a clinical protocol for intensive care unit patients.

Method: UTI is defined as a positive urine culture >105 CFU/mL, notified by the hospital infection control service, six months before and after the implementation of the protocol. The sample consisted of 47 patients, 28 reported before and 19 after implementation. The protocol established in the institution is based on the Ministry of Health manual to prevent healthcare related infections.

Results: A negative linear correlation was observed between the later months of implementation and the reduction of reported cases of UTI, using the Spearman rank order coefficient ($p=0.045$), and a reduction in the number of urine culture microorganisms ($p=0.026$) using the Fisher exact test.

Conclusion: Educational interventions with implementation protocols in health institutions favor the standardization of maintenance of the invasive devices, which may reduce colonization and subsequent infections

Biography

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