

24th Global

NURSING & HEALTHCARE

March 01-02, 2017 Amsterdam, Netherlands

Revaccination compliance after trauma splenectomy: A call for improvement

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Objectives: Aim of this study was to assess patients' personal understanding of the risk for future infections and compliance with subsequent revaccinations after splenectomy for trauma.

Methods: A 10-year, single-institution, retrospective chart review was performed for patients who underwent splenectomy for trauma from 2004 to 2013 at a tertiary care level 1 trauma center. During this period, 267 patients underwent splenectomy secondary to trauma, 49 expired prior to discharge and 23 patients expired since their time of discharge. A follow-up telephone survey was undertaken and 52 of the surviving 196 splenectomy patients agreed to participate (27% response rate). Average time from discharge to date of survey was 5.4 years. Survey questions were used to determine patients' recollection of their injuries, knowledge of splenectomy implications on risk of future infections and their current vaccination status.

Results: Of the 52 patients contacted, 100% of them received vaccinations prior to discharge but just 25% of patients were aware that they had received these vaccinations. Only 53% of patients were aware that they were at an increased risk for severe infection due to their splenectomy, and a mere 19% understood they would require revaccinations to continue prevention of infections. The revaccination rate in this group of patients was only 22% since their trauma splenectomy.

Conclusion: Vaccination rates post-splenectomy from our tertiary care level 1 trauma center are high but the ensuing patient education and stress on need for revaccination is poor. Only 53% of patients are aware of their lifelong risk of infection due to asplenia, and 81% of respondents failed to recognize the need for revaccinations. More specific patient education and surveillance policies need to be initiated for trauma patients who have undergone splenectomy to ensure compliance with revaccination.

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