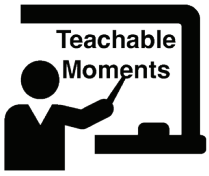
The Case of the Resident With a Chronic Wound and Diarrhea

Improving Skin Care and MDRO Prevention in Long-Term Care



The Case

Mr. Jones is an 82-year-old resident with a chronic stage 2 sacral decubitus wound. Unfortunately, he develops new-onset diarrhea and is incontinent of stool four to eight times a day.

PREVENT HAIs Healthcare-Associated Infections

The Challenge

Mr. Jones is due for his wound dressing change when his nurse notices he's been incontinent of stool. The nurse assists the certified nurse assistant (CNA) with cleaning up after the incontinence before performing the dressing change. The nurse and the CNA wear gloves but no gown.

The Error

The nurse fails to perform hand hygiene before the dressing change, and some of the resistant bacteria from the stool is transferred from her hands to the clean dressing. Mr. Jones' wound culture 1 week later grows antibiotic-resistant *E. coli*. Unfortunately, the wound supplies were also bacteria from the stool is transferred from her hands to the clean dressing. Mr. Jones' wound culture 1 week later grows antibiotic-resistant *E. coli*. Unfortunately, the wound supplies were also the same resistant *E. coli*.

Knowledge Check Questions

1. What should the nurse have done differently? (Select all that apply)

A. Washed her hands and changed her gloves between stool cleanup and performing wound care.
B. Worn a gown and gloves during wound care.
C. Asked the CNA to find someone else to perform the stool cleanup because it is not her job.

2. What can be done to prevent this error from occurring again? (Select all that apply)

A. Educate staff on the need to use contact precautions (gown and gloves) for stool cleanup or wound care.
B. Never perform wound cultures, even if the wound looks infected.
C. Avoid using communal wound supplies to prevent contamination.

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Answers to the Knowledge Check: 1=A and B; 2=A and C