

## Preventing Healthcare Acquired Infections HCAI

Listed below is the high level evidence on **Preventing HCAI** produced by NICE, SIGN and NHS based organisations. Also included are the European Society guidelines where available. This list is produced and maintained by HEFT Library Services to support VITAL 4 Doctors core skills programme developed in the Trust.

### Local (HEFT) Policies

#### [Clinical guidelines for the management of suspected catheter related blood stream infection in patients receiving parenteral nutrition](#)

Review date: September 2012

#### [Infection Prevention Strategy 2010-2013](#)

Review date December 2012

#### [Meticillin Resistant Staphylococcus aureus \(MRSA\) Patient Treatment](#)

Updated May 2013

#### [Pleural infection and empyema](#)

Review date: October 2012

### NICE (guidelines and pathways)

#### [Infection](#)

Prevention and control of healthcare-associated infections in primary and community care  
CG139 - March 2012

#### [Prevention and control of healthcare-associated infections overview](#)

PH36: Created March 2012 – updated February 2013

#### [Surgical site infection: Prevention and treatment of surgical site infection](#)

CG74 – October 2008

### Map of Medicine

#### [Browse the “Medicines” Care Map](#)

A range of pathways for management of infectious diseases are listed and have links to antibiotic usage. Select “medicines”, then “infectious diseases”. Examples are as follows:-

#### [Bacterial Meningitis in Adults - Suspected](#)

#### [Meticillin-resistant Staphylococcus Aureus \(MRSA\) – Presentation of suspected or confirmed active Infection.](#)

#### [Neutropenic Sepsis - Suspected](#)

Updated April 2013

## **Other National Guidelines (e.g. SIGN) & Non-UK Guidelines (includes Professional Bodies/Associations within the European Union)**

### **Guidelines for prevention and control of group A streptococcal infection in acute healthcare and maternity settings in the UK**

Jane A. Steer et al. November 2011.

### **The prevention, management and control of Healthcare Associated Infections (HCAI) in hospitals (ROCR-LITE/08/014/FT6)**

National Audit Office study June 2009

### **Antimicrobial stewardship: Start smart - then focus**

Department of Health. November 2011.

The aim of this guidance is to provide an outline of evidence-based antimicrobial stewardship in the secondary healthcare setting. Following this Guidance will help organisations to demonstrate compliance with Criterion 9 of The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

### **Guidelines on Urological Infections**

European Association of Urology. 2010

### **Management of suspected bacterial urinary tract infections in adults**

SIGN Guideline 88. July 2006.

## **Systematic Reviews – Cochrane Library**

### **Short-course versus prolonged-course antibiotic therapy for hospital-acquired pneumonia in critically ill adults**

Cochrane Database of Systematic Reviews 2011

A review of strategies intended to limit duration of antibiotic therapy for hospital-acquired pneumonia in intensive care unit patients.

### **Mupirocin ointment for preventing Staphylococcus aureus infections in nasal carriers**

Cochrane Database of Systematic Reviews 2008

*Staphylococcus aureus* (*S. aureus*) is the main hospital acquired pathogen and although the focus has been on preventing cross-infection between patients, it has been shown that a large number of *S. aureus* infections start from the patient's own flora. Nasal carriage of *S. aureus* is a risk factor for infection in hospital patients and using a local antibiotic treatment of mupirocin ointment is often used to eradicate nasal *S. aureus*. It has been found that if people are nasal carriers of *S. aureus* then using mupirocin ointment reduces the level of *S. aureus* infections.

### **Interventions to improve antibiotic prescribing practices for hospital inpatients**

Cochrane Database of Systematic Reviews 2005 – updated 2009

Antibiotics are used to treat infections, such as pneumonia, that are caused by bacteria. Over time however, many bacteria have become resistant to antibiotics. Antibiotic resistance is a serious problem for individual patients and health care systems; in hospitals, infections caused by antibiotic-resistant bacteria are associated with higher rates of death, illness and prolonged hospital stay. Bacteria often become resistant because antibiotics are used too often and incorrectly. Studies have shown that about half of the time, antibiotics are not prescribed properly in Hospitals. The results show that interventions to improve antibiotic prescribing to hospital inpatients are successful, and can reduce antimicrobial resistance or hospital acquired infections.

## NHS Evidence

### [Reducing Healthcare Associated Infections in Hospitals in England](#)

National Audit Office. June 2009

Every year over 300,000 patients in England acquire a healthcare associated infection whilst in hospital. These infections cost the NHS more than £1 billion a year. The House of Commons Public Accounts Committee has published its third report on reducing healthcare associated infection in hospitals in England. In 2005, findings showed that progress in improving infection prevention and control had been patchy and there was a distinct lack of urgency on key issues such as ward cleanliness and compliance with good hand hygiene.

### [Antimicrobial Resistance and Prescribing in England, Wales and Northern Ireland.](#)

Health Protection Agency. July 2008.

This is the fifth report from the Health Protection Agency (HPA) aimed at providing an overview of antimicrobial resistance in a range of pathogens of public health importance. While this report focuses on data collected by the HPA during 2007, trend data over a longer period of time are also presented to highlight that antimicrobial resistance is not a static problem but one that changes over time.

### [National Confidential Study of Deaths Following Meticillin Resistant Staphylococcus aureus \(MRSA\) Infection: 2007](#)

Health Protection Agency. November 2007.

This qualitative research study provides an in-depth description and evaluation of patient and institutional factors leading to the deaths of a small randomly selected sample of patients who died in NHS hospitals in England who had MRSA mentioned on their death certificate (pilot phase) or who died within 30 days of an MRSA positive blood culture specimen being taken (main phase).

## Further information:

The following sources have been searched for evidence published in the previous 12 months: HEFT Policies, NHS Evidence, NICE, SIGN, DOH and the Cochrane Library. Please contact [sue.clayton@heartofengland.nhs.uk](mailto:sue.clayton@heartofengland.nhs.uk) for any further information.

For more information on how to make the most use of the HEFT Library Services, visit [www.heftlibrary.nhs.uk](http://www.heftlibrary.nhs.uk)

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