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## **CLEAN NEEDLE TECHNIQUE**

**6TH EDITION** 

## **INFECTION**

Natural Barriers	<ul> <li>Skin and mucous membranes of the nose, throat, urethra, and rectum</li> <li>Stomach acid</li> <li>Healthy cells of the nose and lungs</li> <li>Normal mucus and saliva</li> <li>Nonspecific factors: tears, urine, acidity of vaginal secretions</li> </ul>	
Types of Infection	Autogenous infection  Cross infection	Caused by pathogens that the patient is already carrying  Caused by pathogens acquired from another person

## TWO TYPES OF MICROORGANISM ON THE SKIN

Two Types	Transient Resident	Those picked up from one patient and transferred to another patient Soap is sufficient for cleaning  Extra risk for immuno-compromised patients Germicidal soap must be used	
Staphylococcus	The most serious contaminant found on the skin and on other surfaces		
Handwashing	The single most important action in preventing cross infection		

## **HEPATITIS**

A, E	Transmitted via fecal-contaminated food and water
B, C, D (Non-B)	Transmitted via blood and/or sexual exposure

HEPATITIS A (HAV)	<ul> <li>Mainly due to poor sanitation and overcrowding.</li> <li>Incubation period 15-50 days. abrupt onset with high fever to 100.4°F.</li> <li>Other Sx: loss of appetite, fatigue, fever, muscle aches, nausea and vomiting.</li> <li>2 weeks later: jaundice.</li> <li>Most common in children and young adults, peak in autumn.</li> <li>Individual with HAV cannot be reinfected.</li> <li>Symptoms are mild, no chronic carrier states, HAV vaccination available.</li> </ul>
HEPATITIS B (HBV)	<ul> <li>Bloodborne pathogen, most serious threat to health care workers.</li> <li>Due to IV users and high sexual activity, Most common between 15-29 years age.</li> <li>Incubation period 50-180 days.</li> <li>Begins with mild flu-like symptoms such as fever, malaise, insidious onset of anorexia, abdominal pain</li> <li>Other Sx: chills, nausea, joint pains, rash, and diarrhea.</li> <li>2-6 weeks later: extreme fatigue and depression lasting for months.</li> <li>Of these who recover from symptoms, 70% remain infectious for 3 months or more.</li> <li>6% are lifelong carriers and they may develop cirrhosis of the liver and liver cancer. Of the chronic carriers 15-25% die of liver disease.</li> <li>Treatment: There is no biomedical treatment for HBV although an injection of HBIG immediately following exposure may provide protection in unvaccinated persons.</li> <li>3 injections of HBV vaccination is available and it lasts for at least 20 years.</li> </ul>