THE TRUTH BEHIND E-COLI

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WHAT IS Escherichia coli (E-coli)

- Bacteria normally found in the human gastrointestinal tract.
- Existing as numerous strains
- Some types can cause illness in humans especially immunosuppressed/frail
- These illness can be life threatening
National Drive

- Reduce healthcare associated Gram-negative bloodstream infections by 50% by 2021
- Reduce inappropriate antimicrobial prescribing by 50% by 2021.
Reason for this National Drive

**Overall rate**

70 people out of every 100,000 will acquire an *E. coli* bacteremia.

**Risk greater among elderly**

- Adult male rate: 50 adults out of every 100,000 (age 45-64)
- Adult female rate: 51 adults out of every 100,000 (age 45-64)
- Elderly male rate: 824 elderly males out of every 100,000 (age ≥65)
- Elderly female rate: 568 elderly females out of every 100,000 (age ≥65)

**Most common source of infection**

- Gastrointestinal: 6%
- Hepatobiliary: 14%
- Other source: 11%
- UTI: 45%
- Unknown: 24%

**Most cases are community onset**

- 73% <2 days
- 27% ≥2 days

For full report, please see:

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Sources of E. coli bloodstream infections

April 2017 - September 2018

Number of E. coli cases

- lower urinary tract
- hepatobiliary
- lower respiratory tract
- no underlying focus of infection
- skin/soft tissue
- gastrointestinal
- intravascular device
- upper urinary tract
- genital
What you can do

- Hand hygiene
- Appropriate recognition and treatment of urinary tract infections
- Prevention of urinary tract infections
- Adhere To dip or not to dip protocol
- Appropriate urinary catheter care
- Catheter review
To Dip or not to Dip?

Did you know?

• Dipstick testing alone should never be used to diagnose UTI as the results can be unreliable. The results often suggest that the patient has an infection when subsequent laboratory testing confirms that there is in fact no infection present.

• Unnecessary antibiotic treatment of asymptomatic UTI’s and CAUTI’s is associated with an increased risk of developing Clostridium difficile (C.diff), methicillin-resistant staphylococcus aureus (MRSA) and multi-drug resistant UTI’s and CAUTI’s.

• Therefore 2 consecutive urine samples should be sent to confirm if a patient has a UTI or CAUTI.

• And antibiotic therapy should not be used to treat asymptomatic UTI.

(NICE) 2015
Urinary catheter care and review

- Hand Hygiene
- Catheter care
- Correct use of leg bags
- Correct use and disposal of night bags
- HOUDINI
STOP! THINK PATIENT!
Does your patient require a catheter?

Do they have......

- Haematuria
- Obstruction
- Urological surgery
- Decubitus (open sacral / perineal wounds)
- Input / Output monitoring
- Not to be resuscitated
- Immobility
Contact Details

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