

# Evidence-Based Practice Paper Sample



## Abstract

The emergence of an antibiotic-resistant bacteria introduces a challenging and new issues in the field of healthcare. An analysis involving multiple research articles was conducted in order to look for the best practice for both the prevention and the spread of the Methicillin-Resistant Staphylococcus Aureus (MRSA) in the health care setting. Its importance in the health care setting includes decreasing mortality and morbidity, providing protection to the critical medical resources, while reducing its overall burden on health. Some patients are at a relatively higher risk for contracting MRSA. As such, different avenues need to be further explored so as to prevent faster transmission. These also includes early detection, antibiotic therapy, isolation precautions, as well as hand washing. This paper will offer the best evidence for preventing the spread of this possibly fatal bacterium.

## Aim of the Paper

What do literatures show as the best way in controlling the possible spread of MRSA within the health care setup? The primary aim of this paper is to look closely into the best evidences involved in controlling the potential spread of this antibiotic-resistant bacteria. It is very important to implement effective strategies in preventing within the hospital setting. This will help protect the critical medical resources, decrease mortality and morbidity, protect the patients and the facility workers, while decreasing the overall burden brought by the MRSA in the health care setting.

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## Support for Relevance

The occurrence of the MRSA was reported initially in 1961, in United Kingdom. It was discovered that *Staphylococcus Aureus* infections were highly becoming resistant to methicillin, as a beta-lactum inhibitor (Romain, Tester & O'Neill, 2008). MRSA also ranks as among the prevalent pathogens among hospitals worldwide (Diethelm & Clima, 2010). Infections that are caused by a multi-drug resistant and gram-positive bacteria further represents a primary public health burden when it comes to mortality and morbidity, increased expenses in the field of patient management, as well as the implementation of measures to control infection. (William & Langley, 2011). *Staphylococcus Aureus* is a recognized pathogen in the hospital setting. When talking about multi-drug resistance, it has the tendency to complicate therapy. It has also been referred to as a “superbug”, regularly attracting interest from the media. There is also a political pressure that reduces MRSA infection rates.

Some patients are usually at a higher risk of contracting this bacteria. This includes patients who had previous MRSA infection. These are patients who have previously been hospitalized, at least thrice or more times in a single year, those who have been long-term residents of long-term care facilities, as well as patients who are dealing with chronic wounds. Through screening of these high-risk patients, accurate isolation measures can be applied right into place so that the transmission towards other patients, as well as to their caregivers may also be prevented.

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Antibiotic therapy and isolation alone are not enough to stop transmission of *Staphylococcus Aureus* from a person to another, whether it within patients, or to the caregivers. The primary mode of transmission is through the hands, particularly through the hands of the healthcare workers. As presented by various hand washing studies, the act of hand washing has been shown to be a very important factor when it comes to reducing the potential spread of microorganisms. However, all of these studies show that a lot of healthcare workers do not practice the right way of performing hand hygiene when it comes to taking care of various patients.

## Summary of the Evidence

According to Romain et al. (2008), about 30% of the population of healthy people carries the *Staphylococcus Aureus* within their anterior nares (p.42). This is often associated with the increase in risk of infections after surgery. At the same time, about 80% of infections that are categorized as invasive nosocomial comes from endogenous origin among nasal carriers (Romain, et al., 2008).

Early detection of these carriers is very important when it comes to the prevention of *Staphylococcus Aureus* infection. For staff and health care workers, proper protective attire should be changed, while appropriate hand hygiene should be observed in between patient contacts.

## References

- Diethelm, H. & Clima, C (2010). *Staphylococcus Aureus* and its power on the human body. *Pathological Disorder Journal*, 23(2), 134-144.
- Romain, H.D., Tester, H. & O'Neill, A. (2008). Statistics on MRSA – Updated. *Pathological Disorder Journal*, 12(2), 42-44.
- William, H. & Langley, T. (2011). Transmission of MRSA in the healthcare setting. *Healthcare Society*, 45(4), 12-15.