Letters to the Editor

A View in Favor of "Disease-Specific" Guidelines

To the Editor:

In the Editorial, "Isolation Guidelines—A or B?" in the June 1984 issue of *Infection Control,* the authors stated that "category-specific" had advantages over "disease-specific." I would like to present another view in favor of "disease-specific." With "disease-specific," the mode of transmission is clearly identified for each disease. This serves as an educational tool for staff who, as stated in the Editorial, are not well versed in this area. It was suggested that this would be too difficult to teach a diverse group, but education of all hospital staff is a major function of the infection control practitioner (ICP) and should be viewed in a positive light. This offers the ICP the opportunity to reach many areas within the hospital with new information. With many teaching strategies available to us (slide/tape, slides or just tape programming), it is easy to adjust a program to meet each group's needs.

Disease-specific also allows us the opportunity to better meet the needs of our patients, especially their psychological needs. Nurses have the opportunity to use clinical judgment rather than just placing a patient in a broad category. The door cards need not be those now in print. Your facility can create cards which best meet your needs, thus the issue of confidentiality can be overted.

Cost reduction is an attractive factor, but the chance to dispel old ideas and impart new knowledge is a long-awaited and welcomed opportunity.

Katherine H. West, RN, BSN
Infection Control Nurse
The Alexandria Hospital
Alexandria, Virginia

IV Therapy Options

To the Editor:

As a relatively new employee to a small hospital I have a conflict of interest with the present intravenous (IV) therapy. I have confronted the Director of Nursing about this without any luck and have not found any literature pertaining to the subject of IV filter. In this hospital IV filters are not used. I was taught in my training that we must use an IV filter when giving IV antibiotics and preferably IV push medication that is drawn up from a glass ampule.

We have never had any complications that I know of from this situation. Our hospital uses the Travenol contiflow tubing which has an air vent which is mistaken for a filter by some of the nurses. Do we need to use a filter and when is its use warranted?

Jane Tanking, RN, BSN
Infection Control Nurse
Sabetha Community Hospital
Sabetha, Kansas

Sue Crow, RN, BSN, Nurse Epidemiologist was asked to respond to Ms. Tanking's query.

Use of IV filters is advocated by the National Intravenous Therapy Association because such use can protect the patient's vascular system from particulate matter, air embolism and microorganisms. Filters, however, do not protect the patient from microbes that enter the system below the filter—an area where there is an increased risk of contamination.

There are data that demonstrate a decrease in IV-associated phlebitis with the use of filters. However, no studies show that IV filters prevent clinical infection, save lives, or shorten the hospital stay. The Centers for Disease Control does not recommend filters for routine IV use.

Filters are expensive and in the days of DRGs, hospitals must look at other alternatives to solve problems. Quality assurance programs can be developed to help eliminate the danger of particulates, microorganisms, and air emboli.

Sue Crow, RN, MSN
Nurse Epidemiologist,
Louisiana State University
Medical Center
Shreveport, Louisiana

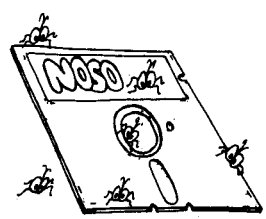
ICCI introduces . . .

NOSO™

. . . the software that's full of BUGS!

Part of ICCI's complete cost effective approach to surveillance, treatment, and prevention of nosocomial infections

INFECTION CONTROL SOFTWARE FOR MICROCOMPUTERS



Also Available:

dNOSO™, a program developed in dBase II™ specifically for Infection Control.

Call or write:
Infection Control Consultants, Inc.
P. O. Box 2842
Edmond, OK 73083
405-341-9669

dBASE II is a registered trademark of Ashton-Tate.

https://doi.org/10.1017/S0195941700061002 Published online by Cambridge University Press