

From total number 48, 22 Nurse were affected (46%) And 12 doctors (25%), 6 student (13%) then 16% collectively representing Technician, House keepers and PCT.

Most injuries occurred in Intensive Care Unit 8 (16.6%) followed by Operation Room 7 (14.5%) then Oncology Department 5 (10.4%) and Specialized surgical ward 4 (8.3%).

According to type of exposure high exposure due to syringe needle prick (29) 65.9% then suture and central line needle (6) 13.6%.

Regarding circumstances of injury, most commonly after procedure (29) 65.9% then during procedure (14) 31.8%.

By analyzing the data of how incident occurred it was found that 22.7% after giving medication, 18% during incision suture and central line insertion, 13.6% during cannula insertion and after Foleys catheter insertion.

Conclusions: we have points of improvements regarding the incidence of sharp needle injuries during 2017. Nurses were more exposed than Doctors, student, technician and Housekeeper, Intensive care unit was the most affected area followed by Operation room. Syringe needle was the most device causing injuries. Sharp injuries after procedure were the most circumstances during which exposures occurred followed by during procedure from this point we started more condensed orientation programs targeting the defecting parts.

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Contamination of Patients' Bedside Tables at Saudi Tertiary Care Center



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Background: Nosocomial infections are infections that are acquired during patients' hospitalizations which were not present at admission. Surfaces have a higher prevalence of contamination include daily-use equipment and items such as faucet handles, and poles supporting intravenous fluid supplies. In this study, we aimed to determine the bacterial contamination of patients' bedside tables at King Abdulaziz Medical City KAMC.

Methods: a cross-sectional study was conducted by collecting samples from the patients' bedside tables at KAMC. Swabs were taken in a standardized way from the allocated tables by randomization. Then, the samples were sent to the lab for culture, carrying a serial number to be associated with the data collecting sheet.

Results: Of the 225 patients' bedside samples, 203 (90.22%) showed bacterial growth. Different variables were examined. Most of the isolated bacteria were gram-positive 97.72%. While gram-negative was 1.66%, and fungi 0.62%. The most common organism was Staphylococcus coagulase negative, which was isolated by 67.5%, followed by Corynebacterium species by 49.1%. However, the least organism is Ochrobactrum anthropi, Proteus species, and Rhizobium radiobacter, each is found by 0.4%.

Most of the positive samples were taken from Medical wards, followed by Surgical and Ob/Gyne wards. Medical wards also carried most of the gram-negative organisms isolated in our study.

Conclusion: Even though the majority of the patient's bedside tables were contaminated mostly with environmental bacteria, fungus and gram-negative bacteria were rarely detected. Contaminated bedside tables could be a source of transmission of infection.

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How Well Are We Doing in the Treatment of Catheter-Related Blood Stream Infections in Patients on Hemodialysis: An Antimicrobial Stewardship Approach



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Background and Purpose: In an effort to implement antimicrobial stewardship program at our dialysis center, a new protocol was developed for catheter-related bacteremia (CRBSI) in patients on hemodialysis (HD) consistent with international guidelines recommendation (1). The aim of the protocol was to guide selection and dosing of empirical therapy considering the local hospital susceptibility patterns. Educational session was provided to the nephrology team prior to implementation. The purpose of the current study was to assess adherence to the protocol in patients undergoing HD.

Methods: Adult patients on HD who received vancomycin (vanc) were included. Data were collected prospectively via reviewing patient's data files. Information on antimicrobial therapy, patient's demographics, and biochemical data were collected during the first 3 months following implementation.

Results: A total of 27 patients' data were collected with a median age of 59 year old (20–77) and dry weight of 70 kg (66–154). Blood cultures were collected in 70% of the patients; and was positive in 58%. Of the positive cultures, 64% were consistent with gram positive pathogens, of which 27% were Staphylococcus spp and all were susceptible to oxacillin. Selection of antimicrobial therapy was as per protocol in 54%. The median vanc loading dose was 15 mg/kg (6.49–29) with 11% adherence to the dosing guideline.

Conclusion: Adherence to the selected empirical therapy was suboptimal; adherence to the vanc dosage protocol was poor in patients undergoing intermittent HD. Results of the present study underscore the need for ongoing feedback sessions to improve prescriber selection and dosing. In addition, our results surprisingly showed low MRSA rates in this high risk group. This finding highlights the need to re-evaluate the prevalence of pathogens at each local institute in an attempt to adhere to antibiotic stewardship practice, particularly in selecting appropriate empirical treatment regimen for CRBSI in this population.

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