

EVALUATION OF EVIDENCE BASED NURSING PRACTICES ON INFECTION CONTROL IN INTENSIVE CARE UNIT.

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ABSTRACT: Hospital acquired infections brings about higher morbidity, mortality, and extra expenses. It is very much perceived that the risk of transmission of pathogens while giving clinical care and the frequency of Hospital acquired infections can be kept low through proper institutionalized anticipation strategies. Study was aimed to evaluate at the evidence based nursing practices on infection control and to find association between socio-demographic variable and evidence based nursing practices on infection control . **Methods:** Type of study-quantitative, preexperimental Descriptive study design was used. study was conducted at Krishna hospital is a teaching university hospital which is accredited by NABH.50 staff were selected through purposive sampling technique The current study was approved by institutional ethics committee of Krishna institute of medical sciences deemed to be university. **Results:** Majority of samples 46% were within the age group of 26-30. With respect to gender 56% were female and 44% were male. Most of the staff was Unmarried that is 58%. Most of the samples 42% were having 1-3 years of Year of experience, Majority of samples 50% were working in Medical Intensive care unit. Hand washing practices related to before Patient Contact Majority of nurses 98% did hand washing. Before Aseptic Technique 98% nurses did hand washing. Body Fluid Exposure Risk 100% nurses did hand washing. After Patient Contact 88% of nurses done hand washing and After Contact with Patient Surrounding 90% of nurses did hand washing. Majority 100% nurses Stored Sterile Material Properly. 80% of nurse's external Devices Handle Aseptically and 20% were not external Devices Handle Aseptically. 88% practices Date of Opening on Tubes, Bottles and 86% of nurses practices Autoclave of all trays. Majority of nurses 74% practices Disinfection of Non Critical Patient Equipment and 26% were not practices Disinfection of Non Critical Patient Equipment. Majority of nurses 74% practices Linen Sorting and Disinfection of Soiled Linen 26% were not practices Linen Sorting and Disinfection of Soiled Linen. Majority 84% practices Personal protective equipment and 16% of nurses were not practices Personal protective equipment. **Conclusion:** The study results reveal that the appropriate use of evidence based practice on infection control by the nursing professionals working in intensive care settings.

KEY WORDS: Evidence Based Nursing Practices, Infection Control, Intensive Care Unit

INTRODUCTION: Hospital acquired infections brings about higher morbidity, mortality, and extra expenses. It is very much perceived that the risk of transmission of pathogens while giving clinical care and the frequency of Hospital acquired infections can be kept low through proper institutionalized anticipation strategies. .further it was suggest that there is wide scope for improvement in hand hygiene practices in Teaching hospital.[1]

Nurses are continually exposed to microorganisms. Huge numbers of which can cause genuine or even lethal infections [2]. Nurses specifically are regularly exposed to different diseases over the span of completing their nursing activities [3].

Numerous contamination control measures, for example, proper hand cleanliness and the right use of fundamental precautionary measures during intrusive strategies are basic and of minimal effort, however require staff responsibility and social change, notwithstanding improving staff instruction, detailing and observation frameworks [4]. To use these safety measures, the human component assumes a significant job in expanding or diminishing the odds of getting HCAI. Subsequently, satisfactory nursing staff is vital in light of the fact that a higher patient-to-nurse proportion expands the danger of nosocomial contamination [5]. Transmission of irresistible specialists inside a human services setting requires three operators; a repository, helpless host, and a method of transmission. Patients' medicinal services laborers and guests are defenseless host in the emergency clinic condition. The intricate interrelationship between a potential host and an irresistible operator produces contamination. The method of transmission may change by kind of creature as certain sorts of living being might be transmitted more than one course. The unpredictable interrelationship between a potential host and an irresistible operator produces disease [6]. Consistency with respect to human services laborers with standard safety measures has been perceived as a productive and compelling intends to forestall and control medicinal services related diseases in patients and wellbeing laborers [7].

"Evidence based practice is the mix of best research Evidence with clinical ability and patient qualities to encourage clinical choice making. "Evidence-based nursing (EBN)" implies utilizing the best accessible Evidence from look into, alongside understanding inclinations and clinical experience, when settling on nursing decisions." Increased emphasis on efficiency, cost containment, and quality in a health care delivery system that is rapidly changing, and the advancement of science and technology have led to the need for reliable, up-to-date evidence about effective healthcare interventions [8].

Different exercises have been started to encourage Evidence Based Nursing (EBN) work on, including the improvement and offering of college classes on finding and basically assessing research Evidence, the advancement of clinical practice rules, the improvement of EBN panels in clinical settings and research to recognize the best systems for scattering research discoveries to medical Nurses [9].

Research affirms that persistent results improve when attendants practice in an Evidence based way. Depicted as "a critical thinking way to deal with clinical consideration that joins the faithful utilization of current best practice from very much structured investigations, a clinician's mastery, and patient qualities and preferences", evidence-based practice (EBP) has been appeared to build tolerant wellbeing, improve clinical results, diminish medicinal services expenses, and lessening variety in quiet results. The significance of EBP is proved; be that as it may, obstructions to across the board utilization of ebb and flow look into Evidence in nursing remain, including the familiarity and information level of clinical medical Nurses. [10].

METHODS:

Type of study-quantitative, preexperimental

Research design- Descriptive study design

Setting- The study was conducted in Krishna Hospital, Karad. Krishna hospital is a teaching university hospital which is accredited by NABH.

Population- staff nurses working in ICU's

The sample size consists of 50 staff nurses.

The sampling technique used for this study was purposive sampling

Data collection tool- structured observational checklist.

Data analysis- The data obtained was analyzed in terms of the objectives of the study using descriptive and inferential statistics by using SPSS 20 version.

Ethical Consideration-the current study was approved by institutional ethics committee of Krishna institute of medical sciences deemed to be university.

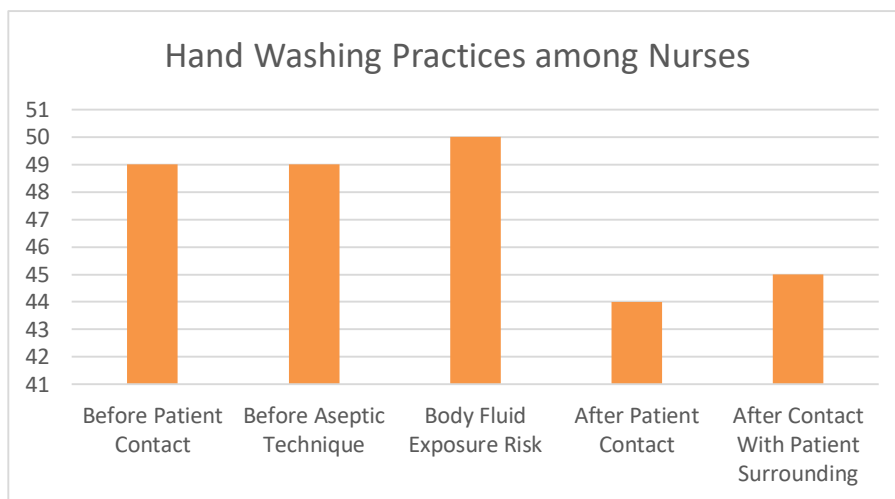
RESULTS: Majority of samples 46% were within the age group of 26-30 and 34% within the age group of 21-25 years and 16% within the age group of 31-35 years. With respect to gender 56% were female and 44% were male. As per education is concerned 42% of samples were having B.Sc. Nursing educational qualification, 28% were GNM education and 26 were P.B.Bsc. Nursing educational qualification. Most of the staff were Unmarried that is 58% and

40% were married. Most of the samples 42% were having 1-3 years of Year of experience and 38% were having 3-5 years Year of experience and 20% were having Above 5 years of Year of experience. Majority of samples 50% were working in Medical Intensive care unit and 26% were working in surgical Intensive care unit.

Table No 1 Hand washing practices among nurses:

N=50

Hand washing practices	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Before Patient Contact	49	98	1	2
Before Aseptic Technique	49	98	1	2
Body Fluid Exposure Risk	50	100	0	0
After Patient Contact	44	88	6	12
After Contact With Patient Surrounding	45	90	5	10



Data presented in table-1 shows Hand washing practices related to before Patient Contact Majority of nurses 98% did hand washing. Before Aseptic Technique 98% nurses did hand washing. Body Fluid Exposure Risk 100% nurses did hand washing. After Patient Contact 88% of nurses done hand washing and After Contact with Patient Surrounding 90% of nurses did hand washing. 12% of nurses not done hand washing After Patient Contact and 10% of nurses not done hand washing After Contact with Patient Surrounding.

Table no 2 Sterilization practices among nurses:

N=50

Sterilization practices	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Sterile Material Stored Properly	50	100	0	0
External Devices Handle Aseptically	40	80	10	20
Date of Opening On Tubes, Bottles	44	88	6	12
All Trays Autoclaved	43	86	7	14

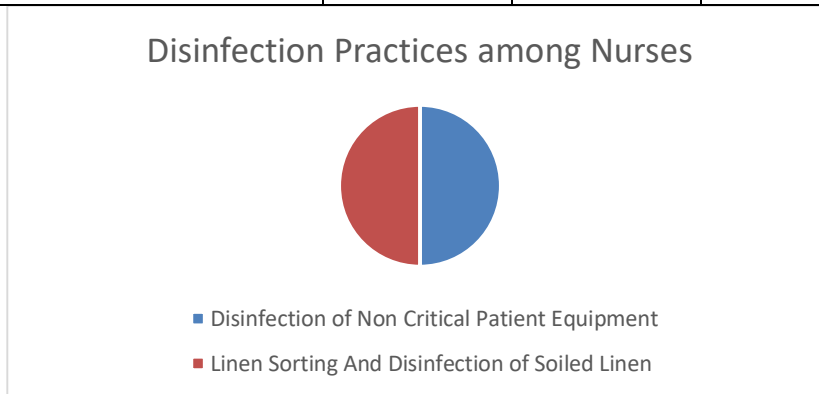
Data presented in table- shows Sterilization practices among nurses. Majority 100% nurses Stored Sterile Material Properly. 80% of nurse's external Devices Handle Aseptically and 20% were not external Devices Handle Aseptically. 88% practices Date of Opening On Tubes, Bottles and 86% of nurses practices Autoclave of all trays.

Table No 3 Disinfection Practices among Nurses

N=50

Disinfection practices	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Disinfection of Non Critical Patient Equipment	37	74	13	26

Linen Sorting And Disinfection of Soiled Linen	37	74	13	26
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Disinfection practices among nurses, Majority of nurses 74% practices Disinfection of Non Critical Patient Equipment and 26% were not practices Disinfection of Non Critical Patient Equipment. Majority of nurses 74% practices Linen Sorting and Disinfection of Soiled Linen 26% were not practices Linen Sorting and Disinfection of Soiled Linen.

Table No 4 Personal protective equipment practices among nurses

Description-	Yes		No	
	Frequency	Percentage	Frequency	Percentage
Personal protective equipment	42	84	8	16

N=50

Personal protective equipment practices among nurses, Majority 84% practices Personal protective equipment and 16% of nurses were not practices Personal protective equipment.

Association between socio-demographic variables and Hand washing practices Before Patient Contact. None of the socio-demographic variables was found to have significant association with association between socio-demographic variables and Hand washing practices, Before Patient Contact, Before Aseptic Technique ,After Contact with Patient Surrounding, at the level of $p < 0.005$.

None of the socio-demographic variables was found to have significant association with association between socio-demographic variables and Personal protective equipment practices among nurses. Except year of experience at the level of $p < 0.005$

DISCUSSION: The present study revealed that the Majority of samples 46% were within the age group of 26-30. With respect to gender 56% were female and 44% were male. As per education is concerned 42% of samples were having B.Sc. Nursing educational qualification, 28% were GNM education. Most of the staff were Unmarried that is 58% and 40% were married. Most of the samples 42% were having 1-3 years of Year of experience

Infection control practices are of fundamental significance in any health services. Hand hygiene is the main introductory advance towards fruitful contamination control in any social insurance arrangement. [11] Hand washing practices related to before Patient Contact Majority of nurses 98% did hand washing. Before Aseptic Technique 98% nurses did hand washing. Body Fluid Exposure Risk 100% nurses did hand washing. After Patient Contact 88% of nurses done hand washing and After Contact with Patient Surrounding 90% of nurses did hand washing. 12% of nurses not done hand washing After Patient Contact and 10% of nurses not done hand washing After Contact with Patient Surrounding.

Transmission of in any event 20 distinct pathogens by injury to sharps has been accounted for in the writing. [12] Hence, the HCP ought to know in regards to the dangers related with these BBP. Another inadequacy that became visible was the noteworthy contrast between the mindfulness levels of specialists and attendants with respect to the danger of procurement of these BBP. Just 39.5% of the medical caretakers knew about the danger of transmission of these BBP following a NSI when contrasted with 81.6 of specialists. This absence of information with respect to BBP has been seen by different creators moreover. In one of the examination, just 25% of the respondents knew with respect to the danger of getting BBP. [13] In another investigation the distinction among medical attendants and specialists information with respect to BBP was huge. [14] The examination bunch didn't know about the rate gauge of danger of these BBP and the vast majority of them felt HIV was generally infectious. The thing that matters was again critical and specialists were progressively learned.

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