CASE STUDY

A telephone call was received by the Community Infection Control Team from the local NHS Acute Trust Infection Control Team, informing them of a patient who was admitted to hospital five days ago when blood cultures were taken. Four days later the results came back positive for MRSA. The patient was extremely unwell and was treated for MRSA bacteraemia. The patient had recently undergone cardiac surgery, has had input from the intermediate care team and has been receiving wound care from the cardiac centre and district nursing teams.

1) Define MRSA and MRSA bacteraemia.

2) Why have the Community Infection Control Team been contacted?

3) What is a Root Cause Analysis (RCA)?

4) Why would an RCA be required in this case and who would lead it?

5) Would this MRSA bacteraemia be considered a community acquired or a hospital acquired bacteraemia and why?

6) Should a Datix form be completed and why?

7) When the initial referral takes place what other information is required about the patient?

8) What information should subsequently be obtained from the patient’s GP?
9) Name 3 challenges to a person’s body defenses that may cause an MRSA bacteraemia

10) Can you think of any causes attributable to practitioners, which may have resulted in this MRSA bacteraemia?

Resources:

http://www.hpa.org.uk/
http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1191942169773
http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1274091661838