

Infection Control for Trauma Patients: Issues Regarding New Emerging Infectious Disease

Viroj Wiwanitkit*

Hainan Medical University, Hainan, China

*Corresponding author: Viroj Wiwanitkit, Visiting University Professor, Faculty of Medicine, Hainan Medical University, China, Tel: +3026510-07501; Fax: 3026510-07501; E-mail: wviroj@yahoo.com

Received date: September 15, 2017; Accepted date: September 21, 2017; Published date: September 22, 2017

Citation: Wiwanitkit V (2017) Infection Control for Trauma Patients: Issues Regarding New Emerging Infectious Disease. Vol 1 No 1:1.

Copyright: © 2017 Wiwanitkit V. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Editorial

The trauma is an important acute illness. This medical problem can be seen worldwide and becomes the important disorder that can lead to morbidity and mortality. In nursing, case of trauma patients need good planning and the management of acute illness is the main aim of nursing for trauma patients. For trauma patients, relieving of pain, prevention of complication as well as rehabilitation of function are usually the focused points in nursing plan [1]. Bérubé et al. noted that “neuro-immunological transformations, genetics and an emotional shift in the brain circuitry involved in nociception have been shown to contribute to the transition towards chronic pain” [1]. Hence, the mindful nursing has important role in management of trauma patients suffering from pain. For prevention of possible complication of trauma, the early ambulatory nursing is often used.

An important problem that might superimpose the illness of the trauma patient is the infection. The infection control is an important activity that should be practiced in trauma nursing. The trauma related infection is not uncommon and the problem is often seen in case with open wound or fracture. The use of standard infection control guideline in nursing of trauma patients is necessary. As noted by Metsemakers et al., “Fracture-related infection (FRI) is a common and serious complication in trauma surgery” [2]. Metsemakers et al. reported that “The implementation of these guidelines, together with close collaboration between infection control physicians, surgeons, anaesthesiologists and nursing staff, can potentially have a beneficial effect on the rate of fracture related injury after musculoskeletal trauma surgery” [3].

In the present day, the important concern is the new emerging disease. There are many new emerging infections, the role of infection control regarding the new emerging diseases in trauma nursing is a very interesting issue. As a new emerging infection, the main problem is the lack of knowledge of nurse. In a recent report, when Zika virus just arrived Thailand, most nurses and medical personnel have poor knowledge on the disease [4]. Hence, it is no doubt that there was no good infectious control plan by nurse against the new Zika disease at that time. The similar problem regarding the infection control

against Zika virus and nursing can be seen worldwide and is the interesting issue in nursing at present [5]. In addition, the infection control for the new emerging infection also poses the problem of lack of plenty preventive tool in case that there is a great influx of the emerging infected cases. The good example is the situation during the emerging swine flu [6,7]. The crowded place is usually the underlying problem that can promote the emerging infection in the ward. In trauma ward, especially for the patients who have burn, the outbreak of nosocomial infection is not uncommon. For example, in a recent report, Zhang et al. reported a “nosocomial outbreak of carbapenem-resistant *Pseudomonas aeruginosa* carrying blaVIM-2 in burn wards” [8]. In fact, in nursing work, there are many working conditions that might affect the infection control. As noted by Sonté et al., “staffing shortages, especially of nurses, have been identified as one of the major factors expected to constrain hospitals' ability to deal with future outbreaks of emerging infections” [9].

References

1. Bérubé M, Choinière M, Laflamme YG, Gélinas C (2017) Acute to chronic pain transition in extremity trauma: A narrative review for future preventive interventions (part 1). *Int J Orthop Trauma Nurs* 23: 47-59.
2. Metsemakers WJ, Onsea J, Neutjens E, Steffens E, Schuermans A, et al. (2017) Prevention of fracture-related infection: a multidisciplinary care package. *Int Orthop* 1-13.
3. Metsemakers WJ, Morgenstern M, McNally MA, Moriarty TF, McFadyen I, et al. (2017) Fracture-related infection: A consensus on definition from an international expert group. *Injury* S0020-1383: 30563-30566.
4. Wiwanitkit S, Zika WV (2016) virus infection, do medical personnel know about the situation? *Ann Trop Med Public Health* 9: 361-362.
5. Nourollahpour Shiadeh M, Rostami A, Danesh M, Sajedi AA. (2017) Zika virus as new emerging global health threat for pregnancy and child birth. *J Matern Fetal Neonatal*: 30: 562.
6. Shanmugam RS, Shankar S. (2009) Swine flu need to adopt safety measures. *Nurs J India* 100: 176-178.
7. Galwankar S, Clem A (2009) Swine influenza A (H1N1) strikes a potential for global disaster. *J Emerg Trauma Shock* 2: 99-105.

8. Zhang R, Mingcheng L, Dong X, Li F (2011) Nosocomial outbreak of carbapenem-resistant *Pseudomonas aeruginosa* carrying blaVIM-2 in burn wards. *Braz J Infect Dis* 15: 505-506.
9. Stone PW, Clarke SP, Cimiotti J, Correa-de-Araujo R (2004) Nurses' working conditions: implications for infectious disease. *Emerg Infect Dis* 10: 1984-1989.