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NURSING CARE

Prevention and nursing care in the first case of Ebola virus disease contracted outside Africa[☆]

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Abstract After the evacuation from Africa to Western hospitals of several international workers with the Ebola virus disease, the first case of contagion outside Africa occurred in Madrid, Spain. A nursing care assistant who had attended a missionary repatriated from Sierra Leone contracted the disease. On October 7th 2014, the patient arrived at the University Hospital La Paz-Carlos III in Madrid. She remained in the hospital for 30 days, 25 of which were in strict isolation in a negative pressure room with air lock anteroom; personal protective equipment was required. During the last five days, the patient was moved to a standard room. Protection measures were used in accordance with the Hospital Occupational Health Department.

According to its evolution, we differentiate three phases with specific care demands which were conditioned by the risk of transmission, forcing extreme measures of prevention. The largest numbers of direct interventions fall within the realm of the nursing profession.

It is essential that specialized units with regular training be created for highly contagious diseases. In addition, this and other cases should be analyzed from the point of view of nursing, to allow standardized care. We also recognize the importance of managing communication to prevent social unrest and stigmatization of staff.

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PALABRAS CLAVE

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Prevención y cuidados de enfermería en el primer caso de enfermedad del virus Ébola adquirida fuera de África

Resumen Tras la evacuación de varios trabajadores internacionales con enfermedad del virus Ébola a centros de Occidente se produjo en Madrid, España, el primer caso de contagio fuera de África. Se trató de una Técnica de Cuidados Auxiliares de Enfermería que había atendido a un misionero repatriado desde Sierra Leona. El 7 de octubre de 2014 la paciente llegó a las instalaciones del Hospital Universitario La Paz-Carlos III de la Comunidad de Madrid. Permaneció ingresada 30 días, 25 en aislamiento estricto en una habitación con presión negativa y con esclusa para la retirada del equipo de protección individual. Los 5 últimos días fue trasladada a una habitación estándar. Se utilizaron las medidas de protección conforme a las indicaciones del Servicio de Prevención de Riesgos Laborales del Hospital Universitario La Paz-Carlos III.

Acorde a su evolución diferenciamos tres fases con demandas específicas de cuidados que estuvieron condicionados por el riesgo de transmisión, lo que obligó a extremar las medidas de prevención. El perfil profesional sobre el que recayó el mayor número de intervenciones directas fue el de enfermería.

Es fundamental que se creen unidades especializadas para enfermedades altamente contagiosas con entrenamiento y formación periódica además de analizar desde el punto de vista enfermero este y otros casos que permitan estandarizar la atención. También consideramos primordial el manejo de la comunicación para prevenir la alarma social y la estigmatización del personal.

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Introduction

The Ebola virus is one of the many haemorrhagic viruses encountered in African tropical countries. Ebola Virus Disease (EVD) was first identified in human beings in 1976.¹ There had only been small outbreaks of the disease until 6th December, 2013, the start of the Ebola outbreak in Conakry, Guinea. The World Health Organization declared that outbreak a "Public Health Emergency of International Concern" on 8th August, 2014. Two people who had been infected with the virus were repatriated to Spain on 7 August and 22 September 2014, from Liberia and Sierra Leone respectively, and were treated in Madrid's *Hospital La Paz-Carlos III*. There were 28,646 cases and 11,323 deaths in the abovementioned outbreak of 27 March 2016.²

Description

A 44-year-old woman of Caucasian ethnicity, a smoker with a history of hypercholesterolaemia, on 23th September 2014 attended a patient with EVD as a nursing care assistant and helped to remove material from the patient's room on the early morning of the 26th, around one hour after the body of the deceased had been moved. The patient was diagnosed with EVD on 6th October in Madrid's *Hospital Universitario Fundación Alcorcón*. She was taken to the *Hospital Universitario La Paz-Carlos III* by an ambulance from the Medical Emergencies' Service of Madrid in an IsoArk36 isolation chamber. The patient was admitted at 2 a.m. on 7th October through a rear door where the hospital personnel were waiting for her. She was taken up to the restricted access floor in a lift that had been blocked for

this purpose and for the removal of waste. She was taken out of the chamber in the hospital room, made comfortable and her information taken.

General evaluation

Three phases in the patient's progress were observed that coincide with those described by some authors: initial, intermediate and late.³ The 3rd phase culminated in the cure of the patient, and therefore we term it the resolution phase.

On admission, the patient was stable although presenting nausea, loss of appetite, rash, abdominal pain, diarrhoea, anxiety and fever. The following day, the intermediate phase, 3 hours after the third transfusion of convalescent plasma, the patient's blood pressure and oxygen saturation dropped.⁴ From that moment her situation deteriorated until she required high-flow oxygen therapy. [Table 1](#) shows the assessment of Virginia Henderson's basic human needs per phase. As a subsequent methodological exercise, after the analysis for this article, we include suggested nursing diagnoses in [Table 1](#) with expected outcomes and interventions, using NANDA, NOC and NIC.

The account of the patient's perspective, on [Table 2](#), shows that mood management was difficult, aggravated by the social impact created, and therefore we proposed the following diagnoses defined by NANDA, Nursing Diagnoses: Definitions and Classification 2012–2014:

Phase1: stress syndrome due to relocation (00114). Physiological and/or psychological disorder after relocation from one setting to another. Related to (r/t) relocations from one environment to another and the unpredictability of the experience, aggravated by a lack of information and

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