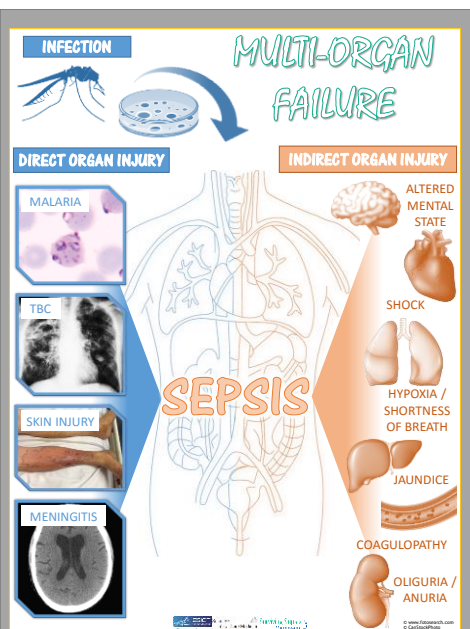
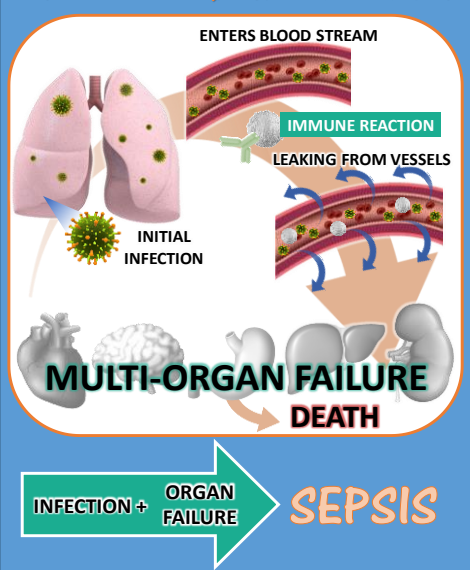
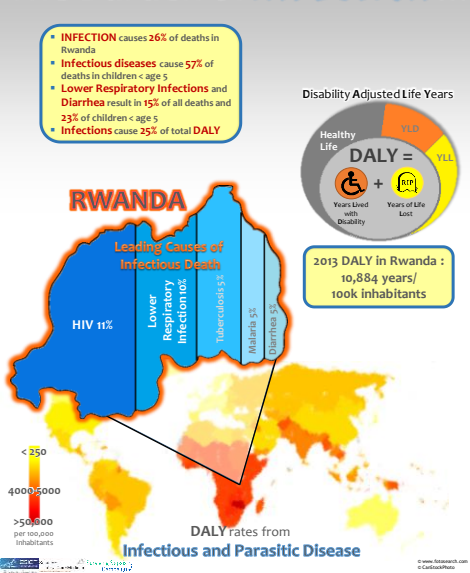


INFECTION → ORGAN FAILURE → DEATH



The Burden of *INFECTION*...



25% of infections are acquired through
HEALTHCARE WORKERS

PREVENT INFECTION

Transmission

- Contact
- Fecal-Oral
- Air-borne
- Vector-borne
- Sexually transmitted

Awareness

HEALTHCARE ACQUIRED INFECTIONS

- Pneumonia
- Device-related
- Wound infections

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INFECTION TRANSMISSION

If: **GLOVES**

ALWAYS CLEAN HANDS

If: **MASK**

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INFECTION CAUSES

MENINGITIS

TUBERCULOSIS

MALARIA

GASTROENTERITIS

URINARY TRACT INFECTION

SOME REQUIRE SURGERY

ABDOMINAL INFECTION

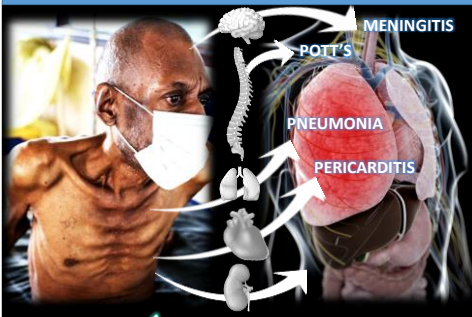
PUERPERAL INFECTION

SOFT TISSUE / JOINT INFECTION

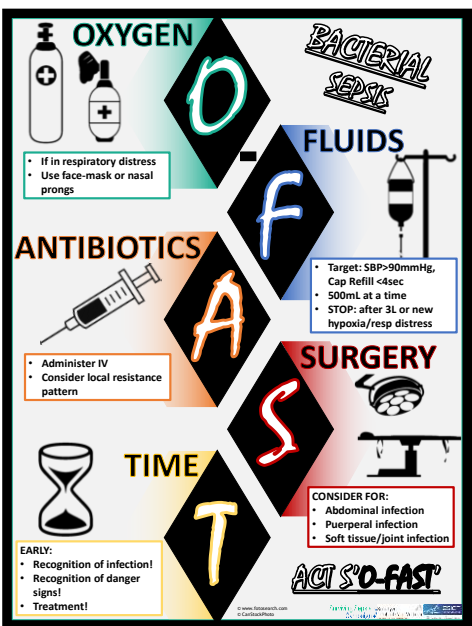
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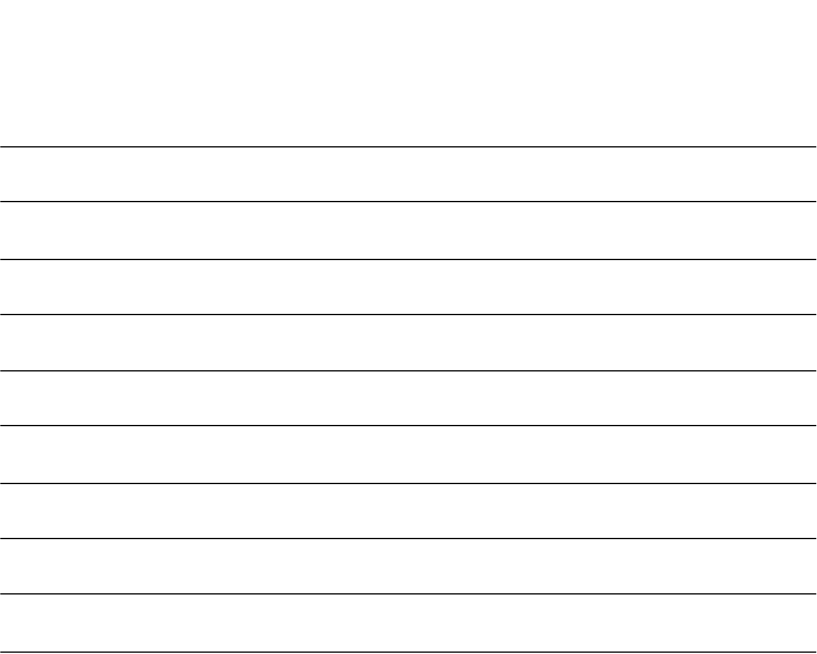
TUBERCULOSIS

DISEASE OF MANY ORGANS



RISK FACTORS





SEVERE MALARIA

O-FAT

OXYGEN



- Seldom in Adults
- GIVE IF RR>24
- Especially in children!!

FLUIDS



- Long CAP REFILL = circulatory failure & malaria severity (rather than hypovolemia)
- BE CAREFUL!
- Only if hypotensive.

ANTI-MALARIAL



- Artemether/Lumefantrine PO or Artesunate IV
- Give additional antibiotics in children & adults with suspected bacterial co-infection

TIME



ALSO CONSIDER:

Anticonvulsants
Transfusion
Glucose

- Very Important!
- Treat EARLY!

Surviving Sepsis Campaign

ACUTE INFECTION ADULTS

Gitwe Hospital

DANGER SIGNS:

- ☐ altered mental state
 - > check blood sugar (if hypoglycemia: give glucose IV)
 - > place in lateral recumbent position (if unarousable or only responsive to pain)
- ☐ respiratory distress
 - > OXYGEN
- ☐ BPsys <90 mmHg OR cap refill ≥4 sec
 - > 500 mL IV Normal Saline or Ringer's Lactate
 - GOAL: BPsys ≥90 mmHg AND cap refill <4 sec
 - guide clinically (max. 3 L or increase in RR >5 bpm)

take LAB tests ± rapid diagnostic test/blood smear

BACTERIAL INFECTION

- ☐ start ANTIBIOTIC
 - uncomplicated infection: PO
 - severe infection/no PO tolerance: IV (empiric IV antibiotics backside)
- ☐ if abscess, abdominal, puerperal or joint infection: consider SURGERY

- ☐ if suspicion of relevant anemia: check hemoglobin and transfuse if necessary
- ☐ if HIV positive, malnutrition, previous Tb infection or close contact to persons suffering from Tb: Tb screening as per local policy

MALARIA

- ☐ Uncomplicated Malaria: Artemether/Lumefantrine 4 Tablets PO
- ☐ Severe Malaria: Artesunate IV (dose scheme backside)
- ☐ Cerebral Malaria: Artesunate IV (dose scheme backside) PLUS Chloramphenicol 2x1 g IV



NO over-hydration NO steroids
NO diuretics to treat oliguria



Surviving Sepsis Campaign

ACUTE INFECTION CHILDREN

Gitwe Hospital

DANGER SIGNS:

- ☐ altered mental state
 - > check blood sugar (if hypoglycemia: give glucose IV)
 - > place in lateral recumbent position (if unarousable or only responsive to pain)
- ☐ respiratory distress
 - > OXYGEN
- ☐ BPsys below age limit
 - > 10 mL/kg Normal Saline or Ringer's Lactate IV
- ☐ cap refill ≥3 sec and NO resp. distress/malaria
 - > 3 mL/kg Normal Saline or Ringer's Lactate IV

Age-adjusted systolic blood pressure limits:

| | | | |
|-----------|----------|-------------|----------|
| <1 year | <65 mmHg | 5-10 years | <75 mmHg |
| 1-4 years | <70 mmHg | 11-14 years | <90 mmHg |

(when indicated) take LAB tests ± rapid diagnostic test/blood smear

BACTERIAL INFECTION

- ☐ start ANTIBIOTIC
 - uncomplicated infection: PO
 - severe infection/no PO tolerance: IV (empiric IV antibiotics backside)
- ☐ if abscess, abdominal, puerperal or joint infection: consider SURGERY

- ☐ if suspicion of relevant anemia: check hemoglobin and transfuse if necessary
- ☐ if HIV positive, malnutrition, previous Tb infection or close contact to persons suffering from Tb: Tb screening

MALARIA

- ☐ Uncomplicated Malaria: Artemether/Lumefantrine PO (dose scheme backside)
- ☐ Severe Malaria: Artesunate IV (dose scheme backside) PLUS Cefotaxime 50 mg/kg IV



NO over-hydration NO steroids
NO diuretics to treat oliguria

