

- Underlying disease (e.g. diabetes, blood and respiratory disorders, cardiopulmonary disease)

-Extrinsic

- Treatment for disease e.g. chemotherapy
- Antibiotic treatment
- Invasive procedures
- Previous hospitalisation

On admission and daily assess the patient thinking of infection prevention and control.
Use the intrinsic and extrinsic factors above.

Main risk factors for infection in an acute care environment:

- Invasive procedures
- Medication
- Neutropenia
- Visitors
- Reduced mobility
- Nutrition
- Hygiene
- Hydration
- Skin integrity

Post operative wound care-

- Keep theatre dressing intact for first 48 hours
- Aseptic technique
- Monitor for signs of infection; e.g. pyrexia and higher resp rate

Intravenous care-

- Remove as no longer needed
- Aseptic non-touch technique
- Sterile IV dressing
- Monitor for signs of phlebitis-infection (VIP score)

VIP (Visual Infusion Phlebitis) Score;

IV site appears healthy	0		No signs of phlebitis	OBSERVE CANNULA
ONE of the following is evident: •Slight pain near IV site OR •Slight redness near IV site	1		Possibly first signs of phlebitis	OBSERVE CANNULA
TWO of the following are evident: •Pain at IV site •Erythema •Swelling	2		Early stage of phlebitis	RESITE CANNULA
ALL of the following signs are evident: •Pain along path of cannula •Erythema •Induration (Hardening)	3		Medium stage of phlebitis	RESITE CANNULA CONSIDER TREATMENT
ALL of the following signs are evident & extensive: •Pain along path of cannula •Erythema •Induration (Hardening) •Palpable venous cord	4		Advanced stage of phlebitis or start of thrombophlebitis	RESITE CANNULA CONSIDER TREATMENT
ALL of the following signs are evident & extensive: •Pain along path of cannula •Erythema •Induration (Hardening) •Palpable venous cord •Pyrexia	5		Advanced stage of thrombophlebitis	INITIATE TREATMENT RESITE CANNULA