Príomhtheachtaireachtaí d’ordaitheoirí ospidéil

Cad í an fhadhb?

Is rud coitianta agus fadhb laethúil é baictéir atá frithsheasmhach in aghaidh antaibheathach in ospidéil ar fud na hEorpa (1).

D’fhéadfadh mí-úsáid antaibheathach a bheith mar bhonn le coilíniú nó ionfhabhtú othar le baictéir atá frithsheasmhach in aghaidh antaibheathach, cosúil le *Staphylococcus aureus* atá frithsheasmhacht in aghaidh meiticilline (MRSA), *enterococci* atá frithsheasmhach in aghaidh vancaimícine (VRE) agus bachaillíní ardfhrithsheasmhacha Gram-dhiúltacha (2-3).

Is minic a luaitear mí-úsáid antaibheathach le teagmhas méadaithe d'ionfhabhtuithe *Clostridium difficile* (4-5).

Is baol do shábháilteacht othar in ospidéil é forbairt, roghnú agus scaipeadh baictéar frithsheasmhach ar na cúiseanna seo a leanas:

- Bíonn ionfhabhtuithe le baictéir atá frithsheasmhach in aghaidh antaibheathach mar bhonn le galracht agus básmhaireacht mhéadaithe i measc othar, mar aon le tréimhse níos faide a chaitheamh san ospidéal (6-7).
- Is minic a bhíonn frithsheasmhacht in aghaidh antaibheathach mar bhonn le moill ar theiripe antaibheathach chuí (8).
- Comhcheanglaítear teiripe antaibheathach mhíchuí nó mhoillithe in othair a bhfuil ionfhabhtuithe tromchúiseacha acu le torthaí níos measa d’othair agus bás uaireanta (9-11).
- Tá an fhorbairt reatha ar antaibheathaigh nua teoranta agus, má leanann méadú ag teacht ar fhrithsheasmhacht in aghaidh antaibheathach, ní bheidh antaibheathaigh éifeachtúla ar bith ann le haghaidh cóireála (12).

Cén chaoi a chuireann úsáid antaibheathach leis an bhfadhb?

Tá seans maith ann go dtabharfar antaibheathach d’othair a bhíonn san ospidéal (13) agus d’fhéadfadh 50% den úsáid a bhaintear as antaibheathaigh in ospidéil a bhí míchuí (4, 14);

Áirítear mí-úsáid antaibheathach in ospidéil ar cheann de na príomhfhachtóirí atá mar bhonn le forbairt frithsheasmhachta in aghaidh antaibheathach (15-17);

D’fhéadfaí na nithe seo a leanas a áireamh i mí-úsáid antaibheathach (18):

- Nuair a thugtar antaibheathaigh ar oideas go neamhriachtanach;

- Nuair a bhíonn moill ar dháileadh antaibheathach ar othair a bhfuil tinneas criticiúil orthu;
- Nuair atá speictream na teiripe antaibheathach róchúng nó róleathan;
- Nuair atá an dáileog antaibheathaigh ró-íseal nó ró-ard i gcomparáid lena bhfuil sonraithe don othar;
- Nuair atá tréimhse na cóireála antaibheathach róghearr nó rófhada;
- Nuair nach ndéantar an chóireáil antaibheathach á sruthlíniú le sonraí an tsaothráin mhicribhitheolaíochta nuair a bhíonn siad ar fáil.

Cén fáth ar cheart tacú le húsáid chiallmhar antaibheathach? én fáth ar cheart tacú le húsáid chiallmhar antaibheathach?

D'fhéadfadh úsáid chiallmhar antaibheathach cosc a chur ar fhorbairt agus ar roghnú baictéar atá frithsheasmhach in aghaidh antaibheathach (4, 17, 19-21).

Is léir trí úsáid antaibheathach a laghdú gur féidir teagmhas ionfhabhtuithe *Clostridium difficile* a laghdú (4, 19, 22).

Conas is féidir úsáid chiallmhar antaibheathach a chur chun cinn?

D'fhéadfadh straitéisí ilghnéitheacha a áiríonn úsáid a bhaint as oideachas leanúnach, treoirlínte agus beartais um antaibheathaigh in ospidéil fianaise-bhunaithe, bearta sriantacha agus comhairliúcháin le lianna um ghalar tógálach, micribhitheolaithe agus cógaiseoirí, a bheith mar bhonn le cleachtais níos fearr maidir le hordú antaibheathach agus frithsheasmhacht laghdaithe in aghaidh antaibheathach (4, 19, 23).

- Is léir go bhfuil faisnéis úsáideach le fáil ó mhonatóiriú a dhéanamh ar fhrithsheasmhacht ospidéil in aghaidh antaibheathach agus sonraí ar úsáid antaibheathach le teiripe antaibheathach eimpíreach a threorú in othair atá go dona tinn (24)
- Baineann uainiú ceart agus tréimhse cheart próifiolacsais antaibheathach do mháinliacht le riosca níos ísle d'ionfhabhtuithe ag suíomh máinliachta (25) agus riosca níos ísle d'fhorbairt baictéar atá frithsheasmhach in aghaidh antaibheathach (26)
- Is léir ó staidéar atá déanta, i gcás táscairí áirithe, gur féidir tréimhsí cóireála níos giorra seachas níos faide a ordú gan mórán difríochtaí a bheith i riocht na n-othar agus tá sé seo luaite freisin le minicíochtaí níos ísle d'fhrithsheasmhacht in aghaidh antaibheathach (15, 27-28).

- Modh amháin chun úsáid neamhriachtanach antaibheathach a laghdú é samplaí micribhitheolaíochta a thógáil roimh thús a chur le teiripe antaibheathach eimpíreach, torthaí saothrán a mhonatóiriú agus cóireáil antaibheathach a shruthlíniú bunaithe ar thorthaí saothrán (29).

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