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Patient safety

Ebola surgical protocols enhance safety of patients and personnel

In the months since Ebola patients were first treated in US hospitals, much progress has been made in establishing protocols to protect patients and healthcare workers from harm.

Though the number of Ebola patients in the US remains small compared with the thousands in African countries, the disease continues to claim lives. At press time, four Americans who may have been exposed to the Ebola virus in Sierra Leone were under observation at Nebraska Medicine in Omaha, and one who had contracted Ebola was being treated at the National Institutes of Health Clinical Center in Bethesda, Maryland. According to the Centers for Disease Control and Prevention (CDC), state health officials have identified and designated 54 hospitals as Ebola treatment centers. These centers supplement the three national biocontainment centers at Nebraska Medicine, Emory University Hospital in Atlanta, and the National Institutes of Health.

In addition to the designated treatment centers, the CDC has been working with state and local public health officials to identify Ebola assessment hospitals for those individuals being actively monitored who may or may not develop symptoms of Ebola.

Shelly Schwedhelm, MSN, RN

The Department of Health and Human Services has made funding available for Ebola preparedness that includes Ebola treatment and assessment hospitals (http://www.grants.gov/view-opportunity.html?oppId=274709).

"Every state is now looking at which hospitals have the infrastructure to serve as Ebola assessment hospitals," Shelly Schwedhelm, MSN, RN, executive director, emergency preparedness and infection prevention at Nebraska Medicine, told OR Manager. Those hospitals will evaluate and care for a patient under investigation (PUI) for a period of time until Ebola is either ruled in or ruled out. "This can be challenging," she says, "because as soon as someone has symptom onset, it can be another 72 hours before the virus would be at a level in their blood to test positive."

If Ebola is ruled out, the PUI will go home. If Ebola is ruled in, the patient will be transported from the assessment hospital to an Ebola treatment center.

"All of these new protocols, guidelines, treatment centers, and assessment centers have sprung up just in the past several months," says Schwedhelm, a former OR Manager of the Year. "Now managers have to start thinking about what will be next."

What if a patient under investigation to rule out Ebola diagnosis is in need of an emergent surgical procedure?

Surgical protocol

Perioperative leaders need to proactively prepare for a PUI who may need an emergent surgical procedure, says Schwedhelm.

Numerous ethical and clinical considerations must be weighed in order to make a sound decision about whether to proceed with an emergent surgical intervention, she says.

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