

血液透析患者静脉导管感染病原菌的分布及感染因素分析

张贇¹, 李娅¹, 孟梅霞², 张莉²

(西安交通大学附属广仁医院检验科¹, 透析中心², 陕西 西安 710004)

【摘要】 目的 探讨血液透析患者导管相关感染的感染因素,病原菌的分布特点及其耐药情况,为临床合理使用抗生素提供指导。方法 回顾性分析 2013 年 6 月至 2015 年 6 月期间在我院透析中心就诊的 178 例血液透析患者的临床资料、细菌培养情况,分析感染的危险因素和病原菌分布特点。结果 178 例血液透析患者中发生导管相关感染者 29 例,感染率为 16.29%,感染患者以年龄>60 岁和长期留置管为主;共分离出 77 株病原菌,其中革兰氏阳性球菌占 61.04%,革兰氏阴性杆菌占 38.96%;主要致病菌为凝固酶阴性的葡萄球菌,金黄色葡萄球菌,大肠埃希菌和肠球菌;革兰氏阳性球菌对红霉素、克林霉素的耐药率较高,均>50%;革兰氏阴性杆菌对氨苄西林、头孢唑啉的耐药,耐药率均>50%。结论 血液透析患者免疫力低下,易发生感染,临床应加强对导管相关感染的监测,重视导管相关感染的早期诊断,积极采取措施,预防导管相关血行感染的发生。

【关键词】 血液透析;感染因素;导管相关感染;细菌分布;耐药性

【中图分类号】 R459.5 **【文献标识码】** A **【文章编号】** 1003-6350(2016)12-1978-03

Analysis of infection factors and pathogenic bacteria of venous catheter related infections in hemodialysis dialysis patients. ZHANG Yun¹, LI Ya¹, MENG Mei-xia², ZHANG Li². Department of Clinical Laboratory¹, Dialysis Center², Guangren Hospital of Xi'an Jiaotong University, Xi'an 710004, Shaanxi, CHINA

【Abstract】 Objective To investigate the infection factors and distribution of pathogenic bacteria and drug resistance in patients with hemodialysis, and provide guidance for clinical rational use of antibiotics. **Methods** A total of 178 patients who underwent hemodialysis in our hospital from June 2013 to June 2015 were retrospectively evaluated,

基金项目:陕西省卫生厅科技基金资助项目(编号:2010H17)

通讯作者:张贇。E-mail:26076787@qq.com

完全抑制住舒芬太尼诱发的呛咳反应,且存在额外增加患者经济负担或产生其他并发症的缺点。本实验研究显示,当采用丙泊酚靶控输注及舒芬太尼静注行全麻诱导时,采用效应室浓度为 2.0 μg/mL 的丙泊酚靶控输注时,并不能明显降低呛咳发生率,当增加效应室浓度至 3.0 μg/mL、4.0 μg/mL 时,可将舒芬太尼的呛咳发生率从 26% 分别下降至 16% 及 6%。

综上所述,采用效应室靶控浓度为 3.0 μg/mL 及 4.0 μg/mL 的丙泊酚靶控输注均能有效地抑制舒芬太尼诱发的呛咳反应,但 4.0 μg/mL 组的呛咳发生率更低。

参考文献

[1] Agarwal A, Gautam S, Nath SS, et al. Comparison of the incidence and severity of cough induced by severity of cough induced by sufentanil and fentanyl: a prospective, randomised, double-blind study [J]. *Anesthesia*, 2007, 62(12): 1230-1232.

[2] Tweed WA, Dakin D. Explosive coughing after bolus fentanyl injection [J]. *Anesth Analg*, 2001, 92(6): 1442-1443.

[3] Sediqhineiad A, Naderi Nabi B, Haqhiqi M, et al. Propofol is effective to depress fentanyl-induced cough during induction of Anesthesia [J]. *Anaesth Pain Med*, 2013, 2(4): 170-173.

[4] Marsh B, White M, Morton N, et al. Pharmacokinetic model driven infusion of propofol in children [J]. *British Journal of Anaesthesia*, 1991, 67(1): 41-48.

[5] Tsutomu O, Yoshiko K, Yasuhisa O, et al. Identification of independent risk factors for fentanyl-induced cough [J]. *Can J Anaesth*, 2006, 53(8): 753.

[6] Agarwal A, Azim A, Ambesh S, et al. Salbutamol, beclomethasone or sodium chromoglycate suppress coughing induced by iv fentanyl [J]. *Canadian Journal of Anesthesia*, 2003, 50(3): 297-300.

[7] Kim JY, Lee SY, Kim DH, et al. Effect-site concentration of propofol for reduction of remifentanil-induced cough [J]. *Anaesthesia*, 2010, 65(7): 697-703.

[8] Liu XS, Xu GH, Shen QY, et al. Dezocine prevents sufentanil-induced cough during general anesthesia induction: a randomised controlled trial [J]. *Pharmacol Rep*, 2015, 67(1): 52-55.

[9] Hung KC. The possible mechanism of clonidine to suppress fentanyl-induced coughing [J]. *Acta Anaesthesiol Scand*, 2009, 53(90): 1227-1228.

[10] 毕永红, 李冬梅, 张瑞芹. 右美托咪啶滴鼻对舒芬太尼引起咳嗽反射的影响[J]. *临床麻醉学杂志*, 2012, 28(12): 1170-1171.

[11] 黄桂华, 谭正泉, 马世颖. 舒芬太尼不同给药方式全麻诱导对患者呛咳的影响[J]. *重庆医学*, 2013, 42(31): 3822-3823.

[12] An LJ, Gui B, Su Z, et al. Magnesium sulfate inhibits sufentanil-induced cough during anesthetic induction [J]. *Int J Clin Exp Med*, 2015, 8(8): 13864-13868.

[13] 王秀莹, 张成明, 孙万里, 等. 静注氯胺酮预防舒芬太尼诱导所致咳嗽反应效果观察[J]. *山东医药*, 2009, 49(39): 102.

(收稿日期:2015-12-23)