

It is really important for your care that the information you give us is as full and accurate as possible.

INFORMATION FOR PATIENTS AND VISITORS

This leaflet aims to answer questions that you or your visitors may have about barrier nursing. We hope to answer your concerns by concentrating on the most commonly asked questions. If you have any more questions please ask your doctor or nurse.

Barrier nursing



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1 Why do I need to be barrier nursed?

If you are being barrier nursed, this may be because you are infected with a micro-organism that can be passed to other people, or because you have symptoms of a contagious disease. For example you might have a rash that could mean you have chicken pox or shingles, or, if you have diarrhoea and vomiting this could mean you have a gastrointestinal infection. If any of this applies to you, we will explain the reasons for needing to barrier nurse you.

2 What does this mean for me?

Barrier nursing usually means being nursed in a separate room. So if you are already in a single room, you will continue to be nursed there. However, if we have no empty single rooms, we may need to care for you in a four-bedded bay with other patients who have the same infection. This is called cohort barrier nursing.

To avoid the spread of infection, you may need to stay in your room or bay while you are being barrier nursed. However, although you will not be able to move freely around the hospice, the nurses will assess your situation and tell you if you can visit the garden with your visitors.

Whether you are in a single room or a four-bedded ward your medical and nursing care will continue as before.

3 What precautions do staff have to take?

When they are in your room, the doctors and nurses will wear protective clothing to make sure that their uniform does not become contaminated and pass the infection to other patients, and to protect themselves from infection.

The type of protective clothing they will wear will depend upon how the infection can be spread. Usually staff will put on a plastic apron before coming in your room. They will remove the apron before they leave your room and put it in the waste bag in your room. They will wear gloves when they handle your blood and body fluids. They will wear a mask if your infection can be spread in the air, for example if you have influenza.

4 What about my visitors?

Depending on the infection, it may be better for some visitors not to visit you, for example new babies or people who may be vulnerable to the infection.

All visitors must clean their hands with the alcoholic handrub foam provided when entering and leaving the ward. The ward staff will explain if extra hand washing is needed. Visitors do not usually need to wear special protective clothes, but if they do, ward staff will tell them what to put on.

Your visitors can continue to bring you whatever you need from home. They may need to take extra care cleaning the things they take home from your room. For example, they will need to wash your night wear on a hot washing cycle in the machine. The nurses will be able to provide advice.

5 When will the barrier nursing stop?

It depends on the infection you have. We may have to wait for a clear specimen to come back from the microbiology lab, and this can take several days.

In other cases, for example diarrhoea and vomiting, barrier nursing will stop when you have not had diarrhoea or vomiting for 48 hours.

6 Will barrier nursing stop me going home?

No. If the doctors have completed the treatment you came into the hospice for, then you can go home. The nurse will tell you if there are any special precautions you need to take when you get home.

7 What if I have other questions?

If you have any other questions, please just ask the ward nurse or doctor who will be able to give you further advice and information.