The potential benefits of scheduled use of hand-care agents cross polymer, with the preservative methylparaben in propane, 1.3 diol, acrylates C-10/C-30 and alkyl acrylate ethanolamine, stearic acid, dimethicone, 2-bromonitro-in HCWs with severe hand irritation. Hand Sense is an of Wisconsin Medical School, conducted a prospective, ran­

Lotion Protects Hand, Promotes

barrier cream and an oil-containing lotion for protecting the hands of vulnerable HCWs against drying and chemical irritation, preventing skin breakdown and promoting more frequent hand washing.

Mc Cormick, Buchman, and Maki, from the University of Wisconsin Medical School, conducted a prospective, randomized, double-blinded trial to compare the value of an oil-containing lotion with a novel barrier skin cream, Hand Sense (North American Safety Products Inc, Orange, CA), in HCWs with severe hand irritation. Hand Sense is an emulsion containing glycerin, isopropyl myristate, triethanolamine, stearic acid, dimethicone, 2-bromonitro-propane, 1.3 diol, acrylates C-10/C-30 and alkyl acrylate cross polymer, with the preservative methylparaben in water. It is marketed for use in the United States as a cosmeti c skin-care product. The study was conducted in a university medical center. Study participants were 54 HCWs from multiple departments with severe hand irritation; 74% had one or more full-thickness cracks or other integumen­tary breaks. Objective and subjective parameters for scaling, cracking, weeping, bleeding, and pain were scored by two blinded investigators weekly for 4 weeks. The hands of subjects were cultured quantitatively at the onset and after 2 weeks and 4 weeks.

Subjects in both groups experienced marked improvement in overall hand condition (each, P<.02), particularly in scaling, cracking, and pain. Persons randomized to use of the oil-containing lotion showed greater improvement (mean score, 6.5-2.7 vs 6.8-4.7; P=.006). In 18 (69%) of 26 persons who used the control lotion, all full-thickness integumentary breaks were healed and pain was totally resolved, compared with 14 (52%) of 27 persons who used the barrier cream (P=.26). Use of the two agents in a scheduled fashion had no effect on the levels or profile of the transient hand flora. However, by the fourth week of use, handwashing frequency was 50% higher in subjects randomized to use the control lotion than it was in subjects randomized to use the barrier cream (17.8 vs 11.7 times per day, P=.04).

The authors concluded that the use of an oil-containing lotion or a barrier cream on a scheduled basis can substan­tially protect the hands of vulnerable HCWs against drying and chemical irritation, preventing skin breakdown and promoting more frequent hand washing.


Increased Mortality With Inappropriate Treatment of Bloodstream Infections

Ibrahim and colleagues, from Washington University School of Medicine and Nursing, and BJC Hospital in St Louis, Missouri, recently evaluated the relation between the adequacy of antimicrobial treatment for bloodstream infections and clinical outcomes among patients requiring ICU admission. In a prospective cohort study, 492 patients were evaluated in a 19-bed medical ICU and an 18-bed surgical ICU.