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Kingella Kingae: Emerging Outbreaks in Daycare Facilities

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Introductions

In today’s Western countries, children are more prone to infections than those of past decades to include hospital-at-risk patients. This has led to the introduction of the number of children attending daycare or some form of childcare in their country. It is known that there exists a quarter of the world’s population living in developing countries that have contracted some form of illness. One of the most common of these is the flu, where young adults have been infected with it without any clinical symptoms. Therefore, awareness has been shown to be low in the general public.

Signs and Symptoms

The presentation of Kingella Kingsae is frequently mild and vague. Such a diagnosis requires a high index of clinical suspicion. It is a mild and non-specific illness that has also shown some prevalence in adults, (Yagupsky, 2017). Clusters of Colonization has also been shown to increase the risk for colonization and K. kingae. The ultimate hope is that this information may increase awareness and prevent infections in the first place.

Pathophysiology

Signs of Inflammation and Injury

The bacteria Kingella Kingsae is recognized as a frequent cause of disease in children and young adults. This has been shown to cause an increase in the risk for colonization and K. kingae. The ultimate hope is that this information may increase awareness and prevent infections in the first place.

Significance of Pathophysiology

Kingella Kingsae is a rapidly spreading pathogen that often causes pneumonia and pneumonia in young children. In young children, many of the symptoms resemble those of the common cold, which makes early detection difficult. Patients may also experience fever, sore throat, or difficulty breathing. These symptoms may persist for several days and can worsen over time, potentially leading to more serious complications, such as pneumonia or sepsis.

Implications for Nursing

Currently, there is a lack of specific guidelines for treating Kingella Kingsae. Patients have been administered a variety of antibiotic regimens, which have been found to be ineffective. The first-line therapy for antibiotics in young children usually consists of intravenous administration of a second- or third-generation cephalosporin, pending culture results. Kingella Kingsae is a highly contagious pathogen, and transmission can occur through direct contact or via contaminated surfaces. This can lead to widespread outbreaks, particularly in daycare settings. To prevent the spread of Kingella Kingsae, it is important to implement strict hygiene measures, such as handwashing, and to ensure that patients receive appropriate antibiotics.

References Cited


Additional References