

Multi Drug Resistant Organisms (MDRO) Admission Assessment Flowcharts

UNKNOWN MDRO Status (QUESTIONS 1-3 MUST BE ASKED)

QUESTION 1:
In the last 12 months has the patient been admitted for >24 hours and/or had an invasive procedure* in:
- An overseas hospital**

Yes → Screen for MDRO and MRSA
Single Room (pending results)
Contact Precautions

No (go to Question 2)

QUESTION 2:
Carbapenemase-Producing Enterobacteriaceae (CPE)
- In the last 12 months has the patient travelled within the Indian sub-continent or SE Asia ***
- Has the patient been in contact with a known CPE case
- Admitted/transfer from long term care facility

Yes → Screen for CPE and ESBL
MDRO Risk Assessment for patient placement
(go to Question 3)

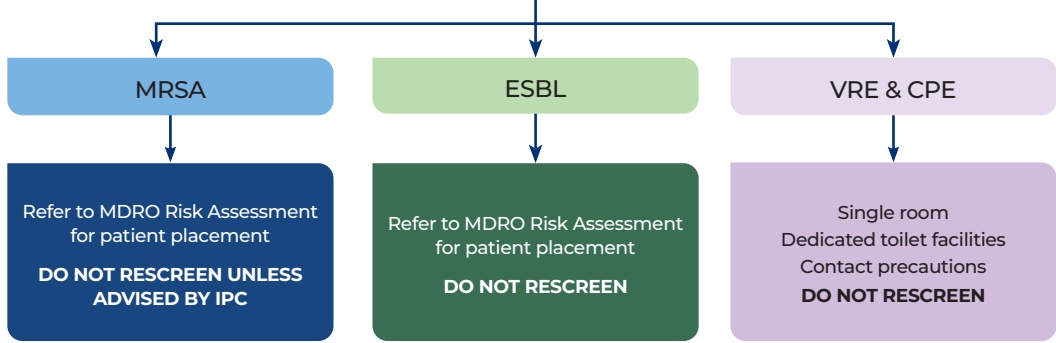
No (go to Question 3)

QUESTION 3:
In the last 12 months has the patient been admitted for >24 hours and/or had an invasive procedure* in:
- Any DHB hospital in New Zealand excluding CDHB & West Coast hospitals

Yes → Screen for MRSA and ESBL
Standard Precautions – no isolation required pending results

No → Standard Precautions

KNOWN MDRO Status POSITIVE (MRSA, ESBL, VRE, CPE)



DEFINITIONS

*Invasive procedure includes the following:
- Endoscopy
- IDUC
- Minor surgery
- Intravenous procedure **excluding** phlebotomy

**Direct transfer from an overseas hospital where time was spent in an ICU - additional screening for Carbapenem Resistant Acinetobacter Baumannii (CRAB) is required. Please contact IPC for advice.

*** Indian sub-continent or SE Asia includes:
India, Pakistan, Sri Lanka, Bangladesh, Nepal, Bhutan, Afghanistan, Vietnam, Thailand, Cambodia, Myanmar, Laos, Indonesia

MRSA – Methicillin Resistant Staphylococcus aureus
ESBL – Extended Spectrum Beta Lactamase producing bacteria
VRE – Vancomycin Resistant Enterococci
CPE – Carbapenemase-Producing Enterobacteriaceae
CRAB – Carbapenem Resistant Acinetobacter Baumannii

Lab requisition form: Please include clinical details / travel and hospital stays

SCREENING REQUIREMENTS

MRSA SCREEN – nose, groin, perineum + wound, stoma or catheter urine – moisten swab in media prior to taking specimen – write MRSA on lab requisition form. (If previously MRSA positive, indicate this on the requisition form)

ESBL SCREEN – rectal swab with visible faecal matter present or faecal specimen – write ESBL on lab requisition form

MDRO SCREEN – rectal swab with visible faecal matter present or faecal specimen – write ESBL, CPE, VRE on lab requisition form

CPE SCREEN – rectal swab with visible faecal matter present or faecal specimen – write CPE on lab requisition form

CRAB – for screening contact IPC for advice

MDRO Risk* Assessment for patient placement

What transmission Risk Factors does the patient have? (see box below)

HIGH RISK

These patients must be in contact precautions in a single room with dedicated toilet facilities

- CRAB (Carbapenem Resistant Acinetobacter Baumannii) - please contact IPC for further isolation advice
- VRE known
- CPE known
- ESBL Klebsiella (or other non E.Coli ESBL) known with one or more transmission risk factors
- Patient screened due to overseas hospital admission pending results

Isolation & Precautions Required

- Contact precautions for all direct patient care
- Single room
- Ensuite or dedicated toilet/ commode
- Dedicated equipment or clean/ disinfect when leaving the room
- Discuss with patient the importance of good hand hygiene
- Patients should not use communal areas

TRANSMISSION RISK FACTORS

- Diarrhoea
- Faecal or urinary incontinence
- Uncontained wounds
- On antibiotics

If unsure, please contact IPC for further advice.

MEDIUM RISK

These patients must be in contact precautions in a multi bedded or single room with dedicated toilet facilities

- ESBL E. Coli known with one or more transmission risk factors
- ESBL Klebsiella (or other non E.Coli ESBL) known with no transmission risk factors
- MRSA positive with one or more transmission risk factors
- Transfer from long term care facility with one or more transmission risk factors, pending results
- Patient screened for VRE/CPE/ESBL pending results (except for patients being screened due to overseas hospital admission)

Isolation & Precautions Required

- Can be placed in multi bedded if no single rooms available with bedspace isolation
- Contact precautions for all hygiene, wound and toileting cares
- Dedicated toilet/commode
- Dedicated equipment or clean/disinfect after use
- Discuss with patient the importance of good hand hygiene

DISPOSAL OF BODY FLUIDS AND ENVIRONMENTAL CLEANING

- Increase environmental cleaning eg. touch points
- Ensure apron and gloves are worn when disposing of infectious waste in dirty utility room
- Dispose of body fluids into sluice, taking care not to cause splashing
- If possible, place the waste receptacle into the sanitiser immediately
- Clean and disinfect sluice bench and sanitiser handle with CDHB approved disinfectant after disposing of body fluid regardless of whether any spillage occurs
- Remove and dispose of apron and gloves in dirty utility room, then perform hand hygiene.

LOW RISK

Use standard precautions

- Known MRSA with no transmission risk factors
- Known ESBL E. Coli with no transmission risk factors
- Transfer from Long Term Care Facilities with no transmission risk factors

Precautions Required

- Standard precautions
- Discuss with patient the importance of good hand hygiene
- Reassess if patient risk factors change e.g. diarrhoea

**Risk refers to the risk of spread to other patients in the healthcare setting. To be used in conjunction with CDHB IPC Guidelines for Control of MDRO*

Contact IPC Service for further assistance as required. Ext 86966

Afterhours contact on-call microbiologist via hospital switchboard.



Canterbury
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Te Poari Hauora o Waitaha