

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)

MRSA

Refer to MDRO Risk Assessment for patient placement
DO NOT RESCREEN UNLESS ADVISED BY IPC

ESBL

Refer to MDRO Risk Assessment for patient placement
DO NOT RESCREEN

VRE & CPE

Single room
Dedicated toilet facilities
Contact precautions
DO NOT RESCREEN

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.



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