

Print Name: _____ Department: _____ Date: _____

Prevention of Multi-Drug Resistant Organisms (MDROs)	Initial
<p>Standard Precautions: Standard Precautions (SP) must be applied for the care of all patients at all times. SP have an essential role in preventing MDRO transmission because colonization with MDROs is frequently undetected and surveillance cultures may fail to identify colonized persons. This is secondary to lack of sensitivity, laboratory deficiencies, or intermittent colonization due to antimicrobial therapy.</p> <p>Contact Precautions: Contact Precautions must be initiated and maintained. Precautions include appropriate patient placement, appropriate use of Personal Protective Equipment, Use of Visual Alerts (e.g., Contact Precautions signs, Patient Indicators), Environmental measures, precautions and endorsement with transport, appropriate duration of precautions, and education of patients and visitors. Nurses do have authority to initiate Contact Precautions without a physician. This does not negate the need for the physician to order the precautions should it be warranted.</p>	
<p>Patient Placement: A single-patient room is preferred for patients who require Contact Precautions. When a single-patient room is not available, consultation with infection control may be necessary to assess the various risks associated with other patient placement options (e.g., cohorting, keeping the patient with an existing roommate).</p> <p>Recommendations from Infection Control may include: Cohorting patients with the same Multi-Drug Resistant Organism, or, as a last resort, placing the patient in a semi private room with other patients. In this case, the patient with an MDRO should be placed with patients who are: at low risk for acquisition of MDROs, at low risk for associated adverse outcomes from infection and, are likely to have short lengths of stay.</p>	
<p>Do NOT Cohort the following: Patients that are NOT candidates for placement with other patients include:</p> <ol style="list-style-type: none"> I. Patient with MDRO identified in a draining / weeping wound not contained by dressing II. Patient is not capable or does not demonstrate capability in cooperating with instructions for maintaining precautions III. Infection is from upper respiratory, sputum, nasopharyngeal, laryngeal sites. <p>Patients with an MDRO that were mixed with other patients must be prioritized for private room placement once the option becomes available.</p>	
<p>Personal Protective Equipment: Gloves and an isolation gown must be donned prior to room entry for all interactions with the patient and/or the patient's environment. Minimize touch contamination with use of Personal Protective Equipment. Remove gloves and wash hands in between procedures or after contact with material that could contain high concentrations of the MDRO. Remove the isolation gown and gloves before leaving the patient's room and immediately participate in hand hygiene.</p> <p>Masks are not recommended for routine use to prevent transmission of MDROs from patients to HCWs. Wear masks according to Standard Precautions when performing splash generating procedures.</p>	
<p>Visual Alerts/Patient Indicators: <u>Contact Precaution signs</u> must be placed on the patient's door by the nursing staff. These signs help alert the healthcare team and visitors of precautions and, act as reminders. The sign must NOT include any identifying information and, they must NOT include the reason for the precautions (e.g., "patient has MRSA").</p> <p><u>Patient Indicators in iMed:</u> Patient indicators for MDROs/MRSA/VRE must be entered for applicable patients and should include applicable site and date of identification. Patient indicators are intended as a continuous alert/trigger for clinicians identifying patients with an MDRO. This indicator carries over from the current admission into future hospitalizations. The patient indicators do not and should not replace the verbal endorsements and communication of the precautions between healthcare providers.</p> <p>When a patient with a previously identified MDRO gets readmitted, Contact Precautions would typically be necessary because of the likelihood of colonization (even though infection has resolved). Consultation with Infection Control may be sought for any questions.</p>	

<p><i>Patient Transport:</i> Limit transport and movement of patients with MDROs outside the room to medically-necessary purposes. When transport is necessary, our hospital policy for transport includes the use of a “ticket-to-ride”. The ticket-to-ride must include any isolation precautions and must be completed by the nursing unit prior to transport. Nursing interventions to prevent contamination en route should be implemented (e.g., covering of wound).</p>	
<p><i>Duration of Precautions:</i> The determination for discontinuation of Contact Precautions (CPs) for patients with MDROs remains an unresolved issue with the Centers for Disease Control and Prevention (CDC) for the following reasons: patients may remain colonized with MDROs for prolonged periods, shedding of these organisms may be intermittent, and surveillance cultures may fail to detect their presence.</p> <p>Contact Precautions must be implemented and observed for the duration of illness/infection for patients with MDROs. In general, this is typically inclusive of the entire hospitalization because the tendency for colonization even after treatment of infection exists. Consultation with Infection Control is suggested for advisement on discontinuing precautions. Some general guidelines that would be considered are as follows:</p> <ul style="list-style-type: none"> • When an MDRO was identified in a wound (and MDRO was NOT identified in an alternate site), then <i>in most instances</i>, the Contact Precautions may be discontinued “if” that wound has healed. • When an MDRO was identified in a site that has been amputated (and MDRO was not identified in an alternate site), then <i>in most instances</i>, the Contact Precautions may be discontinued. • When an MDRO was identified in a blood culture or urine culture (and MDRO was NOT identified in an alternate site) then <i>in most instances</i>, the Contact Precautions may be discontinued if cultures from the same site is MDRO negative. • When an MDRO was identified in the CSF, an organ/space, or via a surgically obtained specimen (and MDRO was NOT identified in an alternate site) then <i>in some instances</i>, the Contact Precautions may be discontinued if a <u>physician</u> indicates that infection of the same site does not exist. <p>In the presence of an outbreak, further guidance would be provided by Infection Control and Active Surveillance Cultures (ASC) may be required prior to discontinuation of Contact Precautions for ALL cases of MDRO.</p> <p>Skilled Nursing Unit (SNU): In the SNU, Contact Precautions may be discontinued based on the individual patient’s clinical situation and facility resources and based on advisement from Infection Control.</p>	
<p><i>Patients and Visitors Education and Instruction:</i> Be advised that our hospital policy allows for us to restrict visitation. This is a recommendation with the intent of minimizing exposures. A patient “watcher” may be allowed as long as they are advised of the meaning of Contact Precautions, the necessity of the precautions during hospitalization, any effects on treatment, duration of precautions, visitation restrictions, and means of preventing the spread of infection.</p>	
<p><i>Reporting:</i> The Guam Memorial Hospital, as a healthcare agency, is mandated by law to report all cases of MRSA, VRE, and MDRO to the Department of Public Health and Social Services Epidemiology section. This is stated under the OFFICIAL GUAM REPORTABLE DISEASE LIST; AUTHORITY; CHAPTER 3, TITLE X, GUAM CODE ANOTATED.</p>	

Participant Physician’s Signature

Date

Provided by: Edgar Magcalas, MD

Date