

ACUTE CARE ADMISSION SCREENING FOR ANTIMICROBIAL-RESISTANT ORGANISMS (ARO)

Patient Name (last) _____
(first) _____
DOB (dd/mm/yyyy) _____
PHN _____ MRN _____
Account / Visit # _____
IH USE ONLY

Interview **ALL PATIENTS** being admitted to hospital. **NURSE** to complete and collects screening swabs as indicated upon receiving admission orders.

RISK SCREENING

1. Has the patient ever had an ARO?

☐ Yes ☐ No

If Yes, select below:

☐ CPO ☐ MRSA

☐ *C. auris* ☐ Other _____

If Yes



ACTION ITEM

1. For known CPO and known *C. auris*, single room **REQUIRED***. Implement Contact PLUS Precautions and swab for:

- CPO
- *C. auris*

2. For MRSA, single room **preferred**. Implement Contact Precautions and no further action.

2. Has the patient had a healthcare interaction **outside of Canada** in the last 12 months? (e.g., hospitalization, emergency department visit, dental work, hemodialysis, or invasive medical procedure)

☐ Yes ☐ No

If Yes



1. Single room **REQUIRED***. Implement Contact PLUS Precautions and swab for:

- CPO
- *C. auris* and
- MRSA

3. Has the patient had close contact (household member or hospital roommate) with a known **CPO and/or *C. auris*** patient within the past 12 months?

☐ Yes ☐ No

If Any Yes



1. Single room **REQUIRED***. Implement Contact PLUS Precautions and swab for:

- CPO
- *C. auris*

4. Has the patient been transferred from a facility with known active **CPO and/or *C. auris*** transmission?

☐ Yes ☐ No

If Yes



1. Single room **preferred**. Implement Contact PLUS Precautions and swab for:

- CPO
- *C. auris*

6. Has the patient been hospitalized for more than **48 hours** in the past 3 months?

☐ Yes ☐ No

If Yes



1. Swab for:

- MRSA

2. If draining wound and/or diarrhea, single room **preferred** and implement Contact Precautions.

*Single room required. If unavailable contact Infection Prevention and Control.

See reverse for specimen collection instructions and Additional Precaution documentation

ABBREVIATIONS

CPO: Carbapenemase-producing organism

C. auris: *Candida auris*

MRSA: Methicillin-resistant *Staphylococcus aureus*

Permanent part of the health record

Date (dd/mm/yyyy)	Time (24 hour)	Completed By Name	Signature	Initials	Designation
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Specimen collection and Additional Precaution implementation:

CPO	<input type="checkbox"/> Contact PLUS Precautions implemented. Collected: <input type="checkbox"/> Rectal swab with fecal staining, OR <input type="checkbox"/> Swab of stool (if rectal swab not available) Completed by _____ Date (dd/mm/yyyy) _____ Time (hh:mm) _____
C. auris	<input type="checkbox"/> Contact PLUS Precautions implemented. Collected: <input type="checkbox"/> axilla (swab both sides) and groin (swab both sides) with one composite swab Completed by _____ Date (dd/mm/yyyy) _____ Time (hh:mm) _____
MRSA	<input type="checkbox"/> Contact Precautions implemented if known positive or has a draining wound and/or diarrhea present. Collected each of: <input type="checkbox"/> Nose (1 swab both nares) <input type="checkbox"/> Groin (1 swab both side) <input type="checkbox"/> Open wounds present (1 swab from 1 wound) Completed by _____ Date (dd/mm/yyyy) _____ Time (hh:mm) _____
Room Assigned:	<input type="checkbox"/> Single room <input type="checkbox"/> Other (explain) _____ Completed by _____ Date (dd/mm/yyyy) _____ Time (hh:mm) _____

Please refer to [Microbiology Guide to Specimen Collection](#) for information on Microbiology sample collection.

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CPO: Carbapenemase-producing organism
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MRSA: Methicillin-resistant *Staphylococcus aureus*

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