ABBREVIATIONS

C. auris: Candida auris

Carbapenemase-producing organism

MRSA: Methicillin-resistant Staphylococcus aureus

CPO:



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

| Patient Name | (last) |
|-------------------------|--|
| | (first) |
| DOB (dd/mmm | /уууу) |
| PHN | MRN LL |
| Account/Visit IH USE ON | # |



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

RISK SCREENING

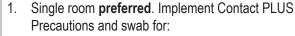
| 1. | Has the patient ever had an ARO? Yes No If Yes, select below: CPO MRSA C. auris Other | If Yes |
|----|--|---------------|
| 2. | Has the patient had a healthcare interaction outside of Canada in the last 12 months? (e.g., hospitalization, emergency department visit, dental work, hemodialysis, or invasive medical procedure) | If Yes |
| 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? No | If Any Yes |
| 4. | Has the patient been transferred from a facility with known active CPO and / or C. auris transmission? ☐ Yes ☐ No | |
| 5. | Has the patient had an overnight stay in a facility or undergone a medical and / or surgical procedure outside Interior Health within the past 12 months? ☐ Yes ☐ No | If Yes |
| 6. | Has the patient been hospitalized for more than 48 hours in the past 3 months? No | If Yes |
| | gle room required. If unavailable contact Infection rention and Control. | J |

ACTION ITEM

- For known CPO and known C. auris, single room **REQUIRED***. Implement Contact PLUS Precautions and swab for:
 - **CPO**
 - C. auris
- For MRSA, single room preferred. Implement Contact Precautions and no further action.
- Single room REQUIRED*. Implement Contact PLUS Precautions and swab for:
 - **CPO**
 - C. auris and
 - **MRSA**
 - Single room REQUIRED*. Implement Contact PLUS Precautions and swab for:
 - **CPO**
 - C. auris







- CPO
- C. auris





Swab for: **MRSA**

- If draining wound and/or diarrhea, single room preferred and implement Contact Precautions.
 - See reverse for specimen collection instructions and Additional Precaution documentation

Date (dd/mmm/yyyy) Time (24 hour) Completed By Name Signature Initials Designation

807910 Aug 13-24 Page 1 of 2

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

| Patient Name (last) | | | | | |
|---------------------------------|-------|--|--|--|--|
| (first) | | | | | |
| DOB (dd/mmm/yyyy) | | | | | |
| PHN | MRN 📖 | | | | |
| Account/Visit# LILL IH USE ONLY | | | | | |

Specimen collection and Additional Precaution implementation:

| _ | · | | | | | |
|---|---|------------------------------------|--|--|--|--|
| СРО | ☐ Contact PLUS Precautions implemented. | | | | | |
| | Collected: ☐ Rectal swab with fecal staining, OR ☐ Swab of stool (if rectal swab not available) | | | | | |
| | Completed by | | | | | |
| | Date (dd/mmm/yyyy) | Time (hh:mm) | | | | |
| C. auris | ☐ Contact PLUS Precautions implemented. | | | | | |
| | Collected: ☐ axilla (swab both sides) and groin (swab both sides) | with one composite swab | | | | |
| | Completed by | | | | | |
| | Date (dd/mmm/yyyy) | | | | | |
| MRSA | ☐ Contact Precautions implemented if known positive or has a draining wound and/or diarrhea present. | | | | | |
| | Collected each of: ☐ Nose (1 swab both nares) ☐ Groin (1 swab both side) ☐ Open wounds present (1 swab from 1 wound) | | | | | |
| | Completed by | | | | | |
| | Date (dd/mmm/yyyy) | Time (hh:mm) | | | | |
| Room Assigned: | ☐ Single room ☐ Other (explain) | | | | | |
| | Completed by | | | | | |
| | Date (dd/mmm/yyyy) | Time (hh:mm) | | | | |
| Please refer to | Microbiology Guide to Specimen Collection for information | on Microbiology sample collection. | | | | |
| ABBREVIATIONS CPO: Carbapen C. auris: Candida a | emase-producing organism | | | | | |

Permanent part of the health record

MRSA: Methicillin-resistant Staphylococcus aureus