DOES THIS RESIDENT NEED
TRANSMISSION BASED
PRECAUTIONS?

Admission Job Aid

1. Symptom & Device Check

Does your resident have any of the following?

Symptoms and Conditions
- Cough
- Diarrhea
- Vomiting
- Incontinence
- Open Wound
- Drainage

Devices
- Central Line
- Urinary Catheter
- ET Tube or Tracheostomy

2. Transmission Based Precautions Check

Is your resident currently on Transmission Based Precautions?

If yes:
What type: ______________
Reason: ______________

3. Antibiotic Check

Is your resident currently on antibiotics?

If yes:
What type: ______________
Reason: ______________
Patient is on day ___ of ___ day course.

4. Multi-Drug Resistant Organism Check

Does your resident have a Targeted or Epidemiologically Important MDRO?

Refer to the Multi-Drug Resistant Organism Quick Reference Guide on pages 2 and 3 of this Job Aid.

SUGGESTED ACTION: Document findings in the patient's medical record and refer to your facility's policy. If no policy exists, notify your infection preventionist or medical director for guidance.

These symptoms and conditions may indicate a communicable disease and require transmission based precautions.

Patients with indwelling devices are at higher risk for acquiring and transmitting an MDRO.

Continue transmission based precautions and assess need for continuing long term. Consider whether a private room is needed.

Review clinical condition and laboratory results with supervising clinician to determine if patient is on the correct treatment and whether it should be continued.

Targeted MDROs: Implement contact precautions. Consult with local public health regarding whether enhanced barrier precautions are appropriate.

Epidemiologically Important MDROs: Follow your facility policy. Some SNFs routinely use enhanced barrier precautions for these organisms.
MULTI-DRUG RESISTANT ORGANISM (MDRO)
Quick Reference Guide

PURPOSE
The Multi-Drug Resistant Organism (MDRO) Quick Reference Guide is a comprehensive resource for Skilled Nursing Facility (SNF) staff. This guide provides lab result interpretation and recommended precautions for Targeted and Epidemiologically Important MDROs. This information is not exhaustive and serves as a supplement to your facility’s current policy and procedures. For more information, please defer to your facility’s infection preventionist or medical director for guidance.

DEFINITIONS
• Carbapenem antibiotics: doripenem, ertapenem, imipenem, and meropenem
• Carbapenemase Producing Organism: Carbapenem resistant organisms with a carbapenemase, an enzyme produced by bacteria that inactivates carbapenem antibiotics.
• Epidemiologically Important MDROs: Infectious agents that have at least one of the following characteristics: 1) a propensity for healthcare transmission; 2) antimicrobial resistance; 3) associated with clinical disease with high morbidity and mortality, or; 4) a newly discovered or emerging pathogen.
• MDRO: Multi-drug resistant organisms, microorganisms, predominantly bacteria, resistant to one or more classes of antimicrobial medications.
• Targeted MDROs: An organism resistant to most or all available antimicrobials and with the potential to spread widely.

Targeted MDROs (Report to Public Health Jurisdiction)

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Name</th>
<th>Lab Results</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPO</td>
<td>Carbapenemase-producing</td>
<td>Positive test for known carbapenemase gene, such as KPC, NDM, VIM, IMP, OXA-</td>
<td>Public Health recommends using Contact Precautions (CP). Skilled nursing</td>
</tr>
<tr>
<td></td>
<td>organisms</td>
<td>48-like, or other OXA gene.</td>
<td>facilities should consult with local public health regarding whether</td>
</tr>
<tr>
<td>CP-CRE</td>
<td></td>
<td></td>
<td>enhanced barrier precautions (EBP) are appropriate.</td>
</tr>
<tr>
<td>CP-CRAB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CP-CRPA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. auris</td>
<td>Candida auris</td>
<td>Culture or other positive test for C. auris.</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Pan-resistant organisms</td>
<td>Any organism with antibiotic susceptibility test showing resistance that</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>it is non-susceptible (resistant or intermediate) to all antimicrobials.</td>
<td></td>
</tr>
</tbody>
</table>

DOH 420-535 September 2023
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Name</th>
<th>Lab results</th>
<th>Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA</td>
<td>Methicillin-resistant <em>Staphylococcus aureus</em></td>
<td>Culture of <em>S. aureus</em> with antibiotic susceptibility test showing resistance (R) to oxacillin, cefoxitin, or methicillin.</td>
<td>Follow your facility policy regarding use of transmission based precautions (TBP) for infected and colonized patients. Some nursing homes routinely use, at a minimum, enhanced barrier precautions (EBP) for these residents.</td>
</tr>
<tr>
<td>ESBL</td>
<td>Extended-spectrum beta-lactamase</td>
<td>Culture of <em>Klebsiella, E. coli, or Proteus</em> with antibiotic susceptibility test stating “ESBL.” ESBL is often based on resistance to ceftriaxone, ceftazidime, or cefotaxime. A confirmatory test for ESBL may cost extra and is not always performed.</td>
<td></td>
</tr>
<tr>
<td>VRE</td>
<td>Vancomycin-resistant <em>Enterococci</em></td>
<td>Culture of <em>Enterococcus</em> with antibiotic susceptibility test showing resistance (R) to vancomycin.</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>Multidrug-resistant <em>Pseudomonas aeruginosa</em></td>
<td>Culture of <em>Pseudomonas</em> with antibiotic susceptibility test showing resistance to at least one agent in ≥3 antibiotic classes.</td>
<td></td>
</tr>
<tr>
<td>CRE</td>
<td>Carbapenem resistant Enterobacterales such as <em>Klebsiella, E. coli, Proteus,</em> and others.</td>
<td>Culture of <em>Klebsiella, E. coli, or Proteus</em> (and other bacterial species in the order, Enterobacterales) with antibiotic susceptibility test showing resistance (R) to a carbapenem antibiotic.</td>
<td>Follow your facility policy regarding use of transmission based precautions (TBP) for infected and colonized patients. Public Health strongly encourages use of CP in hospitals and, at a minimum, enhanced barrier precautions (EBP) in nursing homes for at least 1 year from most recent positive test.</td>
</tr>
<tr>
<td>CRPA</td>
<td>Carbapenem resistant <em>Pseudomonas aeruginosa</em></td>
<td>Culture of <em>Pseudomonas aeruginosa</em> with antibiotic susceptibility test showing resistance (R) to a carbapenem antibiotic.</td>
<td></td>
</tr>
<tr>
<td>CRAB</td>
<td>Carbapenem resistant <em>Acinetobacter baumannii</em></td>
<td>Culture of <em>Acinetobacter baumannii</em> with antibiotic susceptibility test showing resistance (R) to a carbapenem antibiotic.</td>
<td></td>
</tr>
</tbody>
</table>

**REFERENCES**

MDROToolkit_080819.pdf (ncdhhs.gov)
Multidrug-Resistant Organism (MDRO) Definitions (oregon.gov)
Carbapenem-Resistant Enterobacteriaceae Reporting and Investigation Guideline (wa.gov)
Implementation of PPE Use in Nursing Homes (CDC.gov)