



- RUH SCH SPH
 OTHER: _____

Antibiotic Resistant Organism (ARO) Admission Screen Medical Directive		ACTION							
		MAR	ICP	REQ	RN				
MD-004 These orders are for all clients who will be in an Acute Care Facility for more than 48 consecutive hours (excluding newborns at their birth facility). Complete Admission Screen Medical Directive prior to this timeframe. Based on an individual assessment of each client, licensed nurses may order lab tests as directed. If any answers are "Yes", send swabs accordingly.									
A. USE CONTACT PRECAUTIONS AND SCREEN FOR INDICATED ARO:									
Client has an ARO Alert for MRSA, VRE or ESBL or has been informed they are positive for one of these organisms	<input type="checkbox"/> YES <input type="checkbox"/> NO					Swab to test for continued colonization of indicated organism(s): _____			
Client was transferred from an ARO Outbreak unit/long term care facility	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Client has an Alert for MRSA, VRE or ESBL stating they have been "in contact with an [ARO] outbreak case"	<input type="checkbox"/> YES <input type="checkbox"/> NO								
B. USE ROUTINE PRACTICES AND SCREEN FOR INDICATED ARO:									
Client has an Alert for MRSA, VRE or ESBL stating they have been "in contact with" one of these organisms	<input type="checkbox"/> YES <input type="checkbox"/> NO					Swab for indicated organism(s): _____			
Client was previously positive for MRSA, VRE or ESBL (i.e. had 3 negatives and was "cleared") or lives with someone known to be positive for any of these organisms	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Client has been in ANY healthcare or long term care facility for greater than 24 hours in the last 12 months	<input type="checkbox"/> YES <input type="checkbox"/> NO					Swab for MRSA, VRE and ESBL			
Client has received hemodialysis, chemotherapy or long term antibiotics (2 weeks or more) within the last 12 months	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Client is being admitted to an intensive care unit/coronary care unit/rehab unit (except neonatal ICU)	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Client has travelled outside of Canada for greater than 30 consecutive days in the past 12 months	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Client has immigrated to Canada in the past 12 months	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Client is suspected of using street drugs (other than marijuana) or lived in a homeless shelter/correctional facility within the last 12 months	<input type="checkbox"/> YES <input type="checkbox"/> NO								
Client's primary residence is north of or within Prince Albert	<input type="checkbox"/> YES <input type="checkbox"/> NO								
C. NO SCREENING REQUIRED: <input type="checkbox"/> Client does not meet any of the criteria listed above									
Screening swab(s) sent: <input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL									
Admission screen completed by _____ (initials)									
<i>This Medical Directive has been approved by the Physician Lead of Infection Prevention & Control (the Infection Control Officer) for the Saskatoon Area of the Saskatchewan Health Authority and complies with the Saskatoon Health Region Medical Directives Policy (7311-60-027). Review will occur every year. This Directive is in effect through to the end of April 2019.</i>									
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> DATE TIME </div>						These orders do not require a prescribing practitioner signature			

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