



- RUH     SCH     SPH  
 OTHER: \_\_\_\_\_

<b>Antibiotic Resistant Organism (ARO) Surveillance Orders Medical Directive</b>	ACTION			
	MAR	ICP	REQ	RN
<p>MD-022</p> <p>Based on an individual assessment of clients, Infection Control Practitioners (ICP) may order lab tests to determine if there has been a healthcare-associated transmission of an Antibiotic Resistant Organism (ARO) in any of the following circumstances:</p> <ul style="list-style-type: none"> <li>Extended stay risk due to a hospital stay for 30 days or more</li> <li>Contact with a client or the environment of a client with a newly identified ARO</li> <li>As a component of outbreak investigation</li> <li>Testing to clear a client's ARO Alert status</li> </ul> <p>Licensed nurses may collect specimens based on the ICP orders.</p> <hr/> <p><b>Reason for Surveillance</b></p> <p> <input type="checkbox"/> Extended Stay  <input type="checkbox"/> Contact Tracing  <input type="checkbox"/> Transfer from Outbreak Unit  <input type="checkbox"/> Prevalence Screening  <input type="checkbox"/> Testing for Clearance         </p> <hr/> <p><b>Lab Investigations</b></p> <p style="color: red; text-align: center;">***See Specimen Collection Guide on reverse for proper collection sites and methods***</p> <p> <input type="checkbox"/> <b>Methicillin Resistant Staphylococcus aureus (MRSA)</b>            + Other site(s): _____         </p> <p> <input type="checkbox"/> <b>Vancomycin Resistant Enterococcus (VRE)</b>            + Other site(s): _____         </p> <p> <input type="checkbox"/> <b>Extended Spectrum Beta-Lactamases (ESBL)</b>            + Other site(s): _____         </p> <p> <input type="checkbox"/> <b>Other ARO:</b> _____            Site(s): _____         </p> <p>Collect the chosen specimen(s) and repeat if indicated below:</p> <p> <input type="checkbox"/> Screen only on (date): _____         </p> <p> <input type="checkbox"/> Screen on dates: #1 _____ #2 _____ #3 _____         </p> <p> <input type="checkbox"/> Screen every _____ days, starting date: _____ and ending/including date: _____         </p> <p> <input type="checkbox"/> Screen <b>EVERY 30 DAYS</b> starting from date of admission until the client is discharged         </p> <p><i>This Medical Directive has been approved by the Physician lead of Infection Prevention &amp; 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></p> <p>ICP Printed Name: _____ ICP Signature: _____</p>				
<p><b>These orders do not require a prescribing practitioner signature</b></p>				
DATE				
TIME				

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