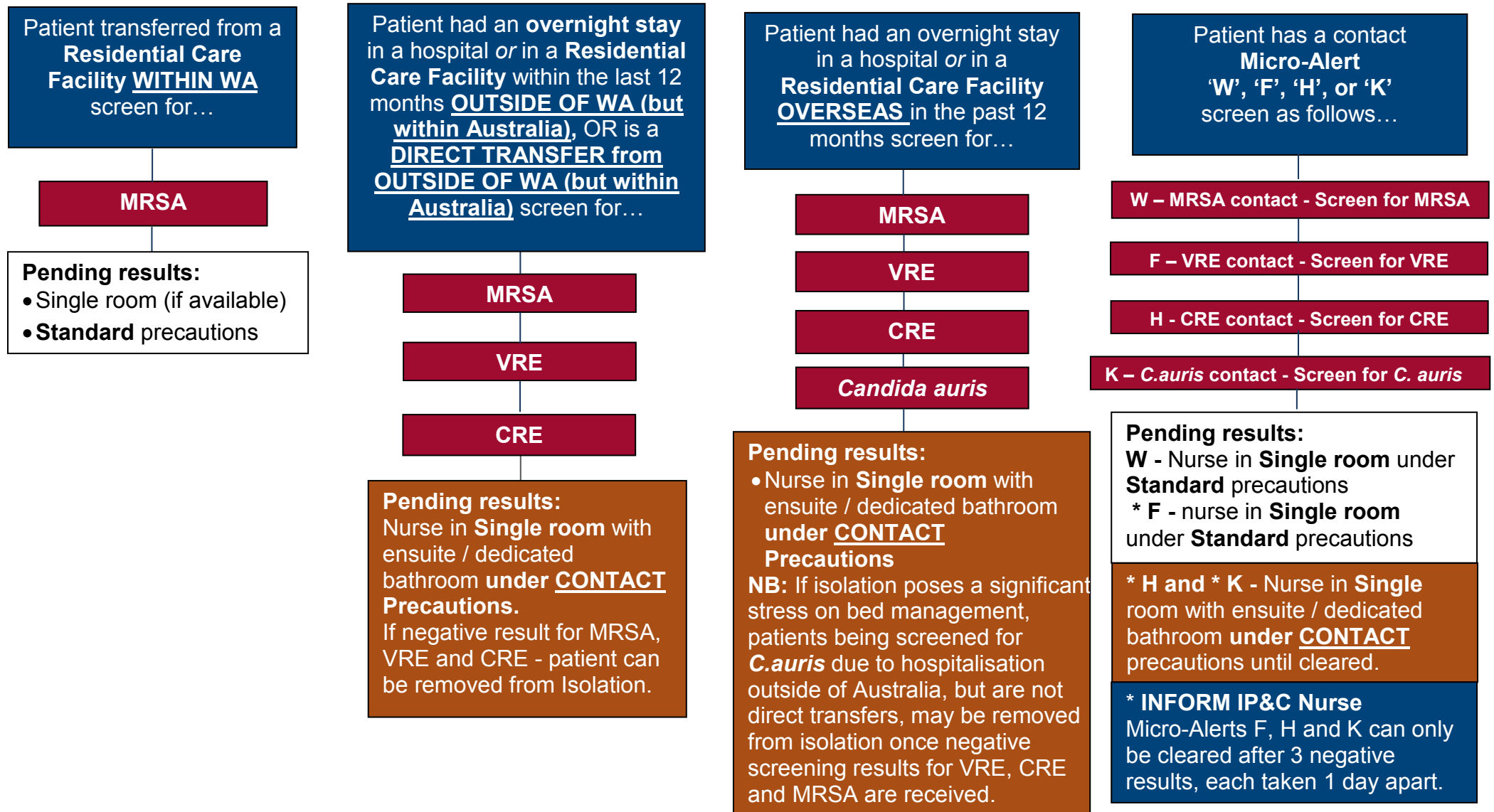




Multi Resistant Organism (MRO) Screening and Patient Placement Flowchart

If possible, undertake MRO screening prior to admission.

NB: There is no requirement to screen "Day Case only" patients.



Screening Sites / Swabs

MRSA	<ul style="list-style-type: none"> One set of Nasal swabs (Black top swab with charcoal medium) Umbilicus (swab if a neonate) One swab from any wounds, ulcers, skin lesions if present Throat - <i>if</i> decolonisation to be undertaken on the return of a positive result <p>LABORATORY REQUEST: Mark "FOR MRSA Screening"</p>	
VRE	<ul style="list-style-type: none"> One FAECAL specimen in a clean specimen container OR a rectal swab (Black top swab with charcoal medium) <p>LABORATORY REQUEST: Mark "FOR VRE Screening"</p>	
CRE	<ul style="list-style-type: none"> One RECTAL swab (Black top swab with charcoal medium) OR faecal specimen If concurrent VRE screening is done, a separate rectal swab is required If WOUND or drain present, a single wound or drain specimen is required For patients with enterostomies a stomal specimen is required Indwelling or supra-pubic catheter, or patient is having intermittent urinary catheterisations, a urine specimen is required If an endotracheal tube (ETT) is present, ETT aspirate is required <p>LABORATORY REQUEST: Mark "FOR CRE Screening"</p>	
Candida auris	<p>Candida auris screening swabs are not to be performed while patient is on, or has been treated with antifungal drugs in the past 7 days, or has used topical antiseptic washes in the previous 48 hours.</p> <ul style="list-style-type: none"> Screening swabs WITHOUT TRANSPORT MEDIUM are to be collected on 3 consecutive days A SINGLE swab is used to sample both axillae first, then both sides of the groin i.e. a composite swab - one swab to sample all 4 areas. Moisten swab with sterile water/normal saline and rub the swab tip firmly back and forth in the skin crease 3-5 times for each site prior to the swab being placed into its transport container A separate swab is to be taken from any wounds or invasive device sites <p>LABORATORY REQUEST: Mark "FOR C.auris Screening"</p>	
SWABING	Nasal swab	Rotate a single swab, moistened with sterile water or normal saline 2-3 times around the inside of the nostril. Use same swab for both nostrils.
	Wound, ulcer or skin lesion swab	<ul style="list-style-type: none"> For dried, chronic lesions, use a swab moistened with sterile water or normal saline For discharging lesions use a dry swab
	Rectal swab	Dip a sterile cotton swab in sterile water or normal saline and insert swab 1cm into rectum and gently rotate 360°.
	Throat swab	Posterior and lateral walls of pharynx (tonsillar area), without touching buccal mucosa or tongue.

Reference: WA Health State wide Policy – Interim advice to Health Service Providers – Screening Requirements for Multi-resistant organisms - July 2019

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Version:	1.00	TRIM Record #:	ED-CO-20-41200