Antibiotic-Resistant Organism (ARO) Pediatric Admission and Preadmission Screening

Edmonton/North/Central/South Zones
Infection Prevention and Control - Acute Care/Acute Rehabilitation (Excludes Mental Health Admissions)

Patient care staff admitting patient to complete at time of Admission or Preadmission.
Do Not Swab Every Patient. See back of form for method for obtaining specimens and detail for noted items.

START HERE

In the past 6 months has patient stayed more than 24 hours in a healthcare facility OUTSIDE of Canada?

- Yes
- No

Is patient known to have an ARO (e.g., MRSA, VRE, CPO*) ?

- Yes
- No

In the past 6 months, has the patient stayed more than 24 hours in a tertiary pediatric acute care facility within Canada?

- Yes
- No

At least one of the boxes MUST be checked off:

1. Patient must be isolated – Contact Precautions in a single room.
2. Obtain screening swabs for MRSA
3. Notify (leave a voicemail after hours) Infection Prevention and Control (IPC) with
   a. Patient Name
   b. PHN
   c. Date of hospitalization:
   d. Country of hospitalization:

IPC Notified Date/Time
IPC will provide direction on further testing and whether continued Contact Precautions are necessary.

±Routine Practices include, but are not limited to
- Hand Hygiene
- PPE - as per Point of Care Risk Assessment
- Cleaning of shared equipment between patients

Date of Admission (yyyy-Mon-dd)
Signature of Staff Member Admitting Patient

Screening Swabs Sent
- MRSA
- VRE
- None
# Recommendations for Obtaining Screening Specimens

<table>
<thead>
<tr>
<th>Microbiology Requisition</th>
<th>MRSA</th>
<th>VRE or CPO*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does each specimen require a separate requisition?</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>- same requisition can be used for nose and groin swabs</td>
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<tr>
<td>- a separate requisition for every other specimen is required (e.g. wounds – one requisition each)</td>
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</tbody>
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| Indicate “Admission Screening” on requisition | Yes | Yes |

<table>
<thead>
<tr>
<th>Specimen(s) must be collected at time of admission or preadmission using the following method</th>
<th>MRSA</th>
<th>VRE or CPO*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform hand hygiene before and after specimen collection</td>
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| Nose | Use 1 sterile clear transport media swab for both nares. Insert swab into each nostril no further than the length of the cotton bud and rotate gently around inner surface of nostril | No |
| Groin | Use 1 sterile clear media collection swab for both groins. Rotate swab while moving side to side in each groin | No |
| Draining wounds (maximum 2 wounds) | Use sterile clear transport media swab (1 swab per wound). Rotate swab while moving side to side, wound edge to wound edge across the wound. | No |
| Stool/Feces | Stool specimen is preferred over rectal swab. Use sterile screw cap container (no media). If patient has an ostomy, obtain stool from ostomy. | No |
| Rectal Swab / Stoma swab (alternate to stool specimen) | Collect swab if unable to collect stool within 24 hours. Use sterile clear transport media swab. Gently insert swab (pre-moistened with clear transport media gel if desired) approximately 1 cm per rectum /stoma and rotate. Feces must be visible on swab. | No |

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1. MRSA – Methicillin Resistant *Staphylococcus aureus*; VRE – Vancomycin Resistant Enterococcus; CPO – Carbapenemase Producing Organisms; CRO – Carbapenem Resistant Organisms; CRE – Carbapenem Resistant Enterobacteriaceae.

* CPO – also called CRO / CRE.

2. Admission to any healthcare facility, where a patient/client receives healthcare provided by physicians, nurses and other licensed health care professionals. Include any patient/client receiving treatment requiring a stay ≥ 24 hours including emergency room inpatients and emergency patients.

3. Examples of tertiary acute care pediatric facilities include (but are not limited to): Stollery Children's Hospital, Royal Alexandra Hospital Neonatal Intensive Care Unit (NICU), and Alberta Children's Hospital.