



Antibiotic Resistant Organism (ARO) Admission Screening Form

Client
 DOB (dd/mmm/yyyy): _____
 MRN / MHSC: _____
 PHIN #: _____
 Addressograph/Place Label Here

Confirm the following screening criteria on each **Acute Care admission**:

1) Methicillin-Resistant *Staphylococcus aureus* (MRSA) Screening Criteria

Yes	No	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Has the client been directly transferred from an Acute Care facility or Personal Care Home where their stay has been more than 24 hours?
<input type="checkbox"/>	<input type="checkbox"/>	In the past 6 months has the client been admitted for more than 24 hours to a health care facility (including emergency department) within Canada ?
<input type="checkbox"/>	<input type="checkbox"/>	In the past 6 months has the client been admitted for more than 24 hours to a health care facility (including emergency department) outside of Canada ? <ul style="list-style-type: none"> If yes – implement Contact Precautions and notify Site Infection Control Practitioner (ICP)
<input type="checkbox"/>	<input type="checkbox"/>	Inter-facility Transfer/Referral form indicates admission screening is required
<input type="checkbox"/>	<input type="checkbox"/>	Identified as MRSA Positive (MRSA POS) in flagging system <ul style="list-style-type: none"> If yes, implement Contact Precautions and notify Site ICP
<input type="checkbox"/>	<input type="checkbox"/>	Identified as MRSA Suspect (MRSA SUS) in flagging system
<input type="checkbox"/>	<input type="checkbox"/>	Identified as MRSA Previously Positive (MRSA PREV) in flagging system
<input type="checkbox"/>	<input type="checkbox"/>	Client is starting dialysis, new to the dialysis unit or returning to the unit after receiving dialysis in another unit <ul style="list-style-type: none"> If dialysis received outside of province/country – implement Contact Precautions and notify Site ICP
<input type="checkbox"/>	<input type="checkbox"/>	Client resides in a correctional setting or in a communal living setting (e.g., group home)

If **NO** to all above risk factors for MRSA, no screening required. DATE: _____ SIGNATURE: _____

If **YES** to any of the above risk factors for MRSA, screen the following:

- Use e-swab and Shared Health Clinical Microbiology Laboratory Test Requisition

Site	Specimen Sent	Date & Signature
i. Anterior nares (one swab for both nares)	<input type="checkbox"/> Yes	
ii. Open wounds/lesions/incisions/invasive device insertion sites (e.g. Central lines) Site #1: _____ Site #2: _____ Site #3: _____ Site #4: _____	<input type="checkbox"/> Yes	

2) Carbapenemase-Producing *Enterobacteriaceae* (CPE) Screening Criteria

Yes	No	Criteria
<input type="checkbox"/>	<input type="checkbox"/>	Admitted to or directly transferred in the past 6 months from any facility known to have endemic rates of CPE (as notified by Regional Coordinator, Infection Prevention & Control) <ul style="list-style-type: none"> If yes, implement Contact Precautions and notify Site ICP
<input type="checkbox"/>	<input type="checkbox"/>	Identified as CPE Positive by any source (e.g., verbal, inpatient record, transfer sheet) AND no lab confirmation <ul style="list-style-type: none"> If yes, implement Contact Precautions and notify Site ICP NOTE: No surveillance screening required for patients who are lab confirmed CPE Positive
<input type="checkbox"/>	<input type="checkbox"/>	Identified as CPE Suspect (CPE SUS) <ul style="list-style-type: none"> If yes, implement Contact Precautions and notify Site ICP

If **NO** to all above risk factors for CPE, no screening required. DATE: _____ SIGNATURE: _____

If **YES** to any of the above risk factors for CPE, screen the following:

- Use e-swab and Shared Health Clinical Microbiology Laboratory Test Requisition

Site	Specimen Sent	Date & Signature
i. Rectum or Ostomy (adults)	<input type="checkbox"/> Yes	
ii. Peri-rectal (neonatal/pediatric/adolescents)	<input type="checkbox"/> Yes	

NOTE: If client refuses MRSA/CPE screening, explain procedure/rationale again. If still refusing screening swabs, implement Contact Precautions for duration of admission and notify Site ICP.