

**SOUTHERN ILLINOIS UNIVERSITY
SCHOOL OF MEDICINE
INFECTION CONTROL MANUAL**

CATEGORY: Surveillance Cultures
To Discontinue MRO Isolation
Status of Patients

SUBJECT: Discontinuation of Isolation Status of
Patients with History of MRO's for
Future Hospitalizations

I. Purpose:

The purpose of this procedure is to describe the duties of the nursing staff to discontinue isolation for patients who have history of treated MRO's so that future hospitalizations will not cause the patient to be placed in isolation due to the previous MRO status.

II. General Information:

The patient will only be removed from the MRO "flagged" hospital readmissions isolation lists after Infection Control at either St. John's Hospital or Memorial Medical Center has documentation that all necessary cultures have been done and meet the appropriate timing and antibiotic criteria.

III. Responsibilities of Nursing:

A. An SIU SOM nurse can initiate discontinuation of isolation upon readmission of a patient with history of MRO infection to either local hospital facility (St. John's Hospital and Memorial Medical Center) if there is:

1. physical and clinical evidence that the infection is no longer in existence.
2. laboratory evidence to indicate that the infectious process has cleared.
3. treatment for the infection which indicates that the infection is no longer communicable.
4. a physician order to indicate to discontinue isolation is accompanied by surveillance cultures results and a letter to the Infection Control Director for each local facility.

NOTE: THERE MUST BE INFECTION CONTROL APPROVAL FROM EITHER LOCAL HOSPITAL FACILITY TO DISCONTINUE ISOLATION MRO'S AND AFB ISOLATION FOR ANY FUTURE READMISSION OF PATIENT WITH PREVIOUS HISTORY OF SAME.

5. Nurse of the patient's primary physician obtains the "set" of surveillance cultures after the patient has completed antibiotic therapy for the MRO diagnosed.

MRSA or MSSA or VRSA, or VRE SCREENING CRITERIA:

Baseline Cultures:

-2 Sets* of cultures > 24 hours apart but less than 7 days apart.

Final Cultures:

-1 Set* of cultures > 30 days from the 2nd set of baseline cultures

Order Should Read:

-“**CULTURE FOR MRSA ONLY**” or “**CULTURE FOR VRSA ONLY**”, etc.

-**Remember to label each culture site specifically and accurately – this is extremely important in identifying that all appropriate sites were cultured.**

***A Set consists of:**

Bilateral Nares

Rectum AND all ostomy sites

Any previously known positive site, unless culturing would require an invasive procedure (blood, internal abscess, synovial fluid, etc.)

All open wounds/areas (ulcers, decubs, fistulas, surgical, non-healing).

All tube exit sites (tracheostomy, nephrostomy drainage tubes, pegs, etc.)

All drainage – from tubes or drains (includes urine if patient has an indwelling foley), weeping or drainage from eyes, ears or other body areas

If in doubt and the site is accessible – culture it!

NOTE: The patient cannot have had the following antibiotics or topical preparations within 48 hours of the culture screens: Tetracycline, Doxycycline, Minocycline, Demeclocycline, Vancomycine, Rifampin, Chloramphenicol, Clindamycin, Tremethoprim Sulfa, Imipenem, Quinolones, Aminoglycosides, Zosyn, and any antibiotic to which the organism shows sensitivity to (even if it is not an effective choice for treatment).

Any topical that inhibits bacterial growth, including but not limited to: topical antibiotic preparations, Dakins, Hydrogen peroxide, Provodone iodine, Physohex bath/scrubs, Xeroform/Xeroflow dressings, Scarlet Red dressings.

****PLEASE NOTE!** Do **NOT** routinely do cultures of the nose and throat for VRE screens – VRE does not routinely colonize these areas.

EXCEPTION: If the patient has had previously positive cultures from sinus or sputum.