

Appendix 2

Intensive Care Admission Assessment Tool for Carbapenemase Producing Enterobacteriaceae (CPE)

(This tool is for patients admitted to intensive care (Radnor Ward) – use Appendix 1 for all other patients)

Section 1: All patients need to be assessed for risk factors on admission

Date: Ward:	Patient Name:	Hospital Number:
Is the patient known to be colonised with a CPE? (e.g. is there a specific alert on the Trust system?)		Yes / No
Has the patient been an inpatient in a hospital abroad in the last 12 months? (this includes a direct patient transfer from abroad)		Yes / No
Has the patient been an inpatient in a hospital in London or Manchester in the last 12 months? (this includes a direct patient transfer from a London or Manchester hospital)		Yes / No
Has the patient been directly transferred from a ward/department of another hospital where there have been CPE cases identified within the last 3 months? (it is the responsibility of the receiving ward teams to establish this information from the referring ward/hospital)		Yes / No

If answered YES to any questions in Section 1, go to Section 2

Section 2: Patient considered 'High Risk' for CPE

- Isolate the patient in a single room (if an ensuite room is not available then a designated commode must be kept in the room)
- Provide patient information leaflet C4 (access via Infection Control section on ICID)
- Screen the patient for CPE – 3 consecutive negative screens will be required (see screening guidance on page 2 for details of sites to be screened)

If answered NO to any questions in Section 1, go to Section 3

Section 3: Has the patient been hospitalised in any hospital, including at Salisbury District Hospital, in the last 12 months?	Yes / No
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If answered YES to Section 3, go to Section 4

Section 4: Patient considered 'At Risk' for CPE

- Isolate the patient in a single room (if an ensuite room is not available then a designated commode must be kept in the room)
- Provide patient information leaflet C4 (access via Infection Control section on ICID)
- Screen the patient for CPE – only 1 negative screen will be required (see screening guidance on page 2 for details of sites to be screened)

If answered NO to Section 3, go to Section 5

Section 5: No risk factors identified

- No further action regarding CPE screening is indicated
- Follow normal admission procedures including MRSA screening in line with current Trust policy

Assessment Outcome – circle the outcome for the patient

High Risk for CPE	At Risk for CPE	No Risk Factors Identified
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Completed by – Print Name:

Signature:

Appendix 2

Screening for CPE

Sites to be screened

- A stool sample or rectal swab (with faecal matter visible), must be taken and sent to the Microbiology Laboratory, requesting 'Screen for Carbapenemase Resistant Enterobacteriaceae'.
- The requirement to screen any other sites for CPE will only be necessary following discussion with a member of the Infection Prevention & Control Team.
- Where a patient needs to have 3 consecutive screens taken, the same sites must be included each time the patient is screened. If a site is no longer relevant for the patient, then this must be recorded in the screening record below.

Screening Record

A patient assessed as '**At Risk**' for CPE needs to have only 1 screen taken

A patient assessed as '**High Risk**' for CPE needs to have 3 consecutive screens taken

- If the first screen taken on the day of admission does not isolate a carbapenemase resistant organism, then 2 further screens need to be taken 48 hours apart, e.g. Day 0 (initial sample), then Day 2 and Day 4

		List Sites Screened	Screen Results
Screen Date (Day 0)			
Taken By: (print name)		Signature:	

		List Sites Screened	Screen Results
Screen Date (Day 2)			
Taken By: (print name)		Signature:	

		List Sites Screened	Screen Results
Screen Date (Day 4)			
Taken By: (print name)		Signature:	

This Admission Assessment Tool forms part of the Trust Policy for the Prevention of Spread of Carbapenem Resistant Organisms and Carbapenemase Producing Enterobacteriaceae (access via the Infection Control section on ICID).