

**MRSA/Multi-Drug Resistant Organism
Screen/Culture Order Form – INPATIENTS ONLY**

If a patient tests positive for MRSA, the physician shall inform the patient or the patient’s representative immediately or as soon as possible.

To the physician:

To prevent contamination of non-colonized patients, patients will be screened &/or cultured for MRSA &/or Multi-Drug Resistant Organisms prior to or upon inpatient admission if your patient meets the criteria listed below.

Risk Assessment: (Check all that apply)

Reasons to Screen patient for MRSA with a MRSA nasal swab:

- Scheduled for Inpatient Surgery (less than 72 hours)
- Previously discharged from an acute care hospital within the last 30 days prior to current hospital admission
- Admitted to Critical Care
- Inpatient Dialysis
- Resident of nursing home or chronic care facility
- Previous diagnosis of MRSA

MRSA Screen Indicated - Perform Nasal Screen

- One Culture swab to be used on both nares
- Moisten swab with saline
- Swab the anterior portion of the nares (be careful not to touch the outside of the nose)
- Insert swab 1/2-1 inch into nares, gently rotating swab clockwise, then counter-clockwise 2-5 times, pressing gently into nasal septum.
- Return swab to the Culture medium bag, label and send to the laboratory.

Reasons to culture patient for multi-drug resistant organisms with a standard culturette:

- Scheduled for Inpatient Surgery greater than 72 hours prior to admission
- Open wound present

Multi-Drug Resistant Organisms Culture Indicated - Perform Culture

- Swab nares with routine culturette if patient’s surgery is scheduled more than 72 hours prior to admission.
- Culture Open Wounds:
 - Clean and irrigate open wound with Normal Saline.
 - Culture only viable tissue. Do not culture necrotic tissue or purulent drainage
 - Gently insert swab into wound bed and rotate the swab at least 5 seconds.

▪ **MRSA Screen - DO NOT SCREEN** (Patient did not meet criteria or has been screened within 24 hours of admission).

▪ **Multi-Drug Resistant Organisms Culture - NOT Indicated - DO NOT CULTURE** (Patient did not meet criteria).

ORDERS TO PERFORM SCREEN/CULTURE: Criterion was identified during assessment of this patient.

- Perform MRSA Nasal Screen
- Perform Multi-Drug Resistant Organism Culture

RN Name (Print): _____ RN Signature: _____ Date: _____ Time: _____

MD Signature _____ Date _____ Time _____