



KAISER PERMANENTE®

DOCTOR'S ORDER SHEET

MRSA Screening

Page 1 of 1

IMPRINT OR PRINT

Name

MRN

Orders for Admission Screening of MRSA		Time	RN
<input type="checkbox"/> <u>Admitting Nurse:</u> Screen patient for the following criteria: <ul style="list-style-type: none"> • Discharge from an acute care facility within the past 30 days • Admission to ICU [add burn unit if you have one] • Transfer from skilled nursing facility • Patient will receive inpatient dialysis • Patient meets the above criteria and will have inpatient surgery <p>If patient meets the above criteria then perform an MRSA culture (Culture both nares with one bacterial swab per protocol)</p>			

Date	Time	Physician's Signature		Print name		
Transcribed by		Date	Time	Noted by		Time