## Department of Clinical Epidemiology Isolation Algorithm April 2017

Physicians and nurses are responsible for ordering and discontinuing appropriate isolation.
If unsure, err on the side of caution and place patient in isolation.

| MRSA CULTURE POSITIVE | Keep in Contact Isolation for the current admission. Post discharge screening cultures can be performed in the outpatient setting. | (Prior to current admission) < 1 year ago | Keep in Contact Isolation and screen. Screening can be performed while on ANY antibiotics. To screen: send one culture/swab for each of the following sites: 1. NARES (both sides with 1 swab) PLUS 2. AXILLA (both sides with 1 swab) PLUS 3. ORIGINAL WOUND (if present) OR GROIN (both sides with 1 swab) NOTE: if all 3 sites are negative, discontinue isolation and notify Clinical Epidemiology to remove EPI flag. If any site is positive treat with nasal mupirocin BID x 5 days and bathe/shower with CHG soap daily for duration of hospitalization, after treatment with mupirocin is complete, discontinue isolation and notify Clinical Epidemiology to remove EPI flag. No need to re-screen. | Not High Risk*:  
Discontinue Contact Isolation  
Notify Clinical Epidemiology to remove EPI flag | High Risk*:  
Keep in Contact Isolation. Screen and proceed as above. | *Definition of High Risk:  
- Chronic indwelling device (tracheotomy, PEG tube, Foley, CVC, etc.) present  
- Original MRSA wound is still present and draining  
- Currently receiving hemodialysis  
- Admitted from LTC or nursing home  
- Hospitalized (>72 hours) anywhere within the last 6 months  
- Current IV drug user |
|---|---|---|---|---|---|---|
| POSITIVE MRSA NARES SCREEN ONLY (i.e.no other positive cultures for MRSA) | Regardless of risk status:  
No Contact Isolation needed-- Notify Epidemiology to remove EPI flag, if present | Screened for current procedure (Orthopedic/Neurosurgery/Cardiac/Thoracic/Transplant patients), regardless of risk status:  
Treat according to order sets  
No Contact Isolation needed -- Notify Epidemiology to remove EPI flag, if present |  
Original MRSA wound is still present and draining |  
CVC, etc.) present |  
Chronic indwelling device (tracheotomy, PEG tube, Foley, CVC, etc.) present |  
Not High Risk*:  
Discontinue Contact Isolation  
Notify Clinical Epidemiology to remove EPI flag |  
High Risk*:  
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### If patient has documented history of MRSA – Screening cultures can be performed in inpatient or outpatient settings

If patients with MRSA are eligible for removal of EPI flag based on this guidance, please contact 293-1090 (UH, James and East)

### If patient has known infection, tests pending to rule out conditions below – place patient in correct isolation. RN or MD enters order into IHIS.

<table>
<thead>
<tr>
<th>Contact</th>
<th>Enteric Contact</th>
<th>Droplet</th>
<th>Droplet plus Contact</th>
<th>Airborne</th>
<th>Airborne plus Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDR Pseudomonas</td>
<td>C. difficile</td>
<td>Influenza</td>
<td>Metapneumovirus</td>
<td>Measles</td>
<td>Varicella Zoster Virus (VZV)</td>
</tr>
<tr>
<td>Acinetobacter</td>
<td>E. coli producing shiga toxin</td>
<td>Bacterial meningitis (N. meningitidis)</td>
<td>Adenovirus</td>
<td>Pulmonary or laryngeal TB</td>
<td>Chickenpox or disseminated shingles in any patient</td>
</tr>
<tr>
<td>Burkholderia</td>
<td>Norovirus</td>
<td>Mumps</td>
<td>RSV or Parainfluenza in immune-compromised patients or children &lt;12 yrs.</td>
<td>Necrotizing Fasciitis (Group A Streptococcus)</td>
<td>Shingles in any patient who is immune-compromised</td>
</tr>
<tr>
<td>ESBL</td>
<td>Rotavirus</td>
<td>Rubella</td>
<td>Coronavirus</td>
<td>Varicella Zoster Virus (VZV)</td>
<td>Extra-pulmonary draining TB lesions (requires rule-out of pulmonary TB)</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>Diarrhea (≥3 loose stools in 24 hours) – uncontrolled/uncontained</td>
<td>Pertussis</td>
<td>Parainfluenza (immune-competent)</td>
<td>MERS-CoV</td>
<td>SARS</td>
</tr>
<tr>
<td>CRE (Carbapenem Resistant Enterobacteriaceae)</td>
<td>Non-contained rectal tubes</td>
<td>Rhinovirus</td>
<td>Mycoplasma pneumonia</td>
<td>Smallpox</td>
<td>Monkey pox</td>
</tr>
<tr>
<td>Active MRSA infection</td>
<td>Candida auris</td>
<td>Parainfluenza (immune-competent)</td>
<td>Group A Streptococcus pneumonia</td>
<td>Ebola</td>
<td>Ebola Viral Disease (Refer to Ebola Webpage)</td>
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<tr>
<td>Lice, scabies</td>
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<tr>
<td>Large, non-contained draining wounds (i.e. DPU or ≥5x5x5cm)</td>
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<tr>
<td>EPI flag for: VISA, VRSA, VRE (E. faecalis and E. faecium), CRE, MRSA (see above) and history of MDR Pseudomonas aeruginosa and MDR Acinetobacter baumannii in wound or respiratory cultures</td>
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</tbody>
</table>

Department of Clinical Epidemiology 4/4/17  
Epidemiology is available 7 days a week and can be contacted during regular hours by paging 2399.