

METHICILLIN RESISTANT *STAPHYLOCOCCUS AUREUS* (MRSA) SCREEN MEDICAL DIRECTIVE

SELF-LEARNING GUIDE

Prepared by: Nursing and
approved by
Infection Control
Services

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This learning guide has been developed by
Kingston General Hospital Nursing Staff
and

Approved by the Designated Authority(s) for the
Medical Directive of MRSA Screen

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Note: The information in this learning guide is current as of the time of distribution.

The most current information regarding this medical directive
can be found in the Hospital's
Delegated Controlled Acts / Medical Directives Manual

SECTION I

1.0 Introduction

This medical directive provides nurses with the authority to implement MRSA screening for patients meeting specific criteria.

To complete the requirements for implementing this medical directive you must:

- Be an RN or RPN employed to deliver care on an inpatient unit, or in the case of MRSA cluster or outbreak screening, in the following ambulatory areas: Renal Unit, Cancer Centre and FAPC,
- Complete this MRSA Screen self-learning guide,
- Review the MRSA Screen Medical Directive located in the KGH Delegated Controlled Acts/Medical Directives Manual (MD14-01), and
- Sign the Self-Appraisal of Competency Statement on page 16 of this guide, indicating that you have the knowledge, skill and judgement to initiate the medical directive for MRSA screening.

After fulfilling these requirements you will be able to:

- Describe the procedure and identify the conditions, limitations/contra-indications for implementing this medical directive, and
- Accept responsibility for initiating the medical directive safely.

1.1 What is a Medical Directive?

The College of Nurses of Ontario (CNO) and the College of Physicians and Surgeons of Ontario (CPSO) support the use of medical directives. Correctly used, medical directives can be an excellent means to provide timely, effective and efficient patient care, using the expertise of both the physician who orders the directive and the nurse who uses discretion and judgement when implementing it.

A medical directive is a physician order for a procedure, treatment, drug or intervention. It is implemented for a range of patients when specific conditions are met and when specific circumstances exist. A medical directive is always written.

Although a medical directive is by definition a medical document, the collaborative involvement of health care professionals affected directly or indirectly by the medical directive must occur. For directives involving the discipline of nursing at KGH, approval by the Nursing Practice Council is required. Final approval of all medical directives occurs at the Joint HDH/KGH Medical Advisory Committee; given Medicine is the source discipline with accountability for the directive.

In the case of the MRSA Screen Medical Directive, Dr. Dick Zoutman, Chief, Medical Microbiology & Infection Control Services is the ordering physician and is ultimately responsible for the content of the medical order. This medical directive is required as the ordering of laboratory tests, (i.e., MRSA Screen), is outside of the scope of nursing

practice. This medical directive provides RNs and RPNs with the authority to initiate such an order.

Nurses who initiate this medical directive are responsible for:

- Assessing the patient to determine whether the specific patient conditions and any situational circumstances identified in the medical directive have been met;
- Knowing the risks to the patient of implementing the directive;
- Possessing the knowledge, skill and judgement required to safely implement the directive;
- Knowing the predictability of the outcomes of the intervention;
- Determining whether management of possible outcomes is within the scope of his/her practice; if so, whether she/he is competent to provide such management and if not, whether the appropriate resources are available to assist as required; and
- Knowing how to contact the physician responsible for care of the patient if orders require clarification.

For more information on medical directives, see the Practice Guidelines: Medical Directives: Revised 2000 (CNO, 2004) located in your unit's *Compendium of Standards of Practice for Nurses in Ontario*.

1.2 Certification and Recertification

This medical directive provides nurses with the authority to complete MRSA screening, immediately at point of admission, and to support cluster and outbreak investigations to facilitate the early identification of MRSA and implement appropriate infection control, thereby limiting the spread of MRSA to other susceptible patients.

The **Certification** criteria include:

1. Be an RN or RPN assigned to deliver care to patients; and
2. Review the Medical Directive for Methicillin Resistant Staphylococcus aureus (MRSA) located in the KGH Delegated Controlled Acts/Medical Directives Manual (MD 14-01), and
3. Review the self-directed Learning Guide; and
4. Describe appropriate documentation; and
5. Sign the Medical Directive Self-appraisal of Competency Statement.

After fulfilling these requirements you will be able to:

1. Describe the procedure and identify the conditions, limitations/contraindications for implementing this medical directive, and
2. Accept responsibility for initiating the medical directive safely.

SECTION II

2.0 MRSA Screen Medical Directive

2.1 Purpose:

- Patients admitted to any health care facility, including KGH, in the last 12 months, or is living in a communal setting, (e.g., shelter, halfway home, group home, correctional facility), may be colonized or infected with MRSA.
- Early identification of MRSA colonization or infection and the implementation of appropriate precautions limit further spread of MRSA to other susceptible patients.
- Supports follow-up of cases, contacts, cluster and outbreak investigation of MRSA.

2.2 Conditions:

2.2.1 Adult In-Patient Units and Cardiac Sciences Unit [excluding Connell 4, ICU, Adult Enhanced Care Unit (ECU)]:

- The MRSA screen is completed immediately upon admission if during the nursing admission assessment the patient confirms admission overnight to any healthcare facility, including KGH (i.e., hospital, nursing home, or long-term care, including retirement home) within the last 12 months or the patient is living in a communal setting, (e.g., shelter, halfway home, group home, correctional facility).

2.2.2 Emergency Department (ED) (adults only):

- The MRSA screen is completed immediately upon admission on all adult patients in the ED who are inpatients and it is determined that the patient has had an admission overnight to any healthcare facility, including KGH, (i.e., hospital, nursing home, long-term care, including retirement home), within the last 12 months or the patient is living in a communal setting, (e.g. shelter, halfway home, group home, correctional facility).

2.2.3 ICU, Adult ECU

- The MRSA screen is completed immediately upon admission if the patient is admitted to the ICU, or Adult ECU and
- The MRSA Screen is repeated every week thereafter if the patient remains and inpatient of the ICU, Adult ECU for one (1) week or more and is not MRSA positive.

2.2.4 NICU and Pediatric Unit and Pediatric ECU

- The MRSA screen is completed immediately upon admission if during the nursing assessment, to any health care facility, excluding KGH, (i.e., hospital, long-term care), within the last 12 months is confirmed or the patient is living in a communal setting (e.g., shelter, halfway home, group home, correctional facility).

2.2.5 MRSA Cases, Contact, Cluster or Outbreak Screening – Adult In-Patients Units, ED, ICU, Adult ECU, Cardiac Sciences Unit, Pediatric Unit, ECU, NICU, Connell 4, Renal Unit, Cancer Clinic and FAPC.

- For MRSA cases, contacts, cluster or outbreak screening immediately upon communication of need by Medical Director of Infection Prevention and Control Services or Infection Control Practitioner.

2.3 MRSA Screening Procedure

1. Explain the procedure to the patient.
2. Collect one swab from both anterior nares.
3. Fill out one KGH Microbiology Requisition for the swab requesting “MRSA Screen”.
 - 3.1. Ensure specimen type (nares) is clearly identified on specimen label and requisition.
4. Bag the specimen and requisition separately.
5. Send the swab and requisition to Microbiology.

2.4 Documentation

1. Document the medical directive on the *MRSA Screen for Medical Directive 14-01* pre-printed Patient Care Orders form (Appendix A).
 - 1.1 Sign, print name and indicate date and time medical directive implemented.
2. Document in the Progress Notes relevant patient information related to implementation of the medical directive.
3. Note MRSA Screen date on the Patient Profile.

2.5 Limitations/Contraindications

1. Patient refuses MRSA screening.
2. Patient’s anterior nares:
 - Are actively bleeding,
 - Are deformed or any obstruction preventing safe insertion of the swab into the anterior nares, or
 - Have a purposeful obstruction, (i.e., nasal packing).

2.6 Self-Evaluation of Competency

Upon completion of this learning guide, how do you answer the following question?

“Do you have the knowledge skill and judgment to initiate the MRSA Screen Medical Directive?”

NO ⇒ Contact your Clinical Educator/Program Manager

YES ⇒ Sign the Self-Appraisal of Competency on the following page and return to your Clinical Educator/Program Manager

2.7 Self-Appraisal of Competency Statement

MEDICAL DIRECTIVE Self-Appraisal of Competency Statement

To be completed by Designated Staff

Hotel Dieu Hospital Kingston General Hospital

I have completed the “*Education Process*” as defined in the Medical Directive:

MRSA Screen

_____ *print title of Medical Directive*

and have the knowledge, skill and judgement to initiate this Medical Directive.

Name: _____
(print name)

Signature: _____
(include professional designation)

Date: / /
Year Month Day

Please return the completed self-appraisal of competency statement to your
Manager/Designated Educator.

To be completed by Manager/Designated Educator

I have received the completed self-appraisal of competency statement.

Manager/Clinical Educator Signature: _____

Date: / /
Year Month Day

Distribution:
Original: Designated Staff
Copy: Manager/Designated Educator

2.8 APPENDIX A



KINGSTON
GENERAL
HOSPITAL
PATIENT CARE ORDERS

Weight (kg)	Adverse Reactions
Please use black ink ballpoint pen only and press firmly to make copy	

ORDER AND SIGNATURE	TRANSCRIPTION
MRSA SCREEN FOR MEDICAL DIRECTIVE 14-01 ORDERS	
Page 1 of 1	
<p>Limitations/Contraindications to implementing Medical Directive 14-01: Patient refuses MRSA screening and/or patient's anterior nares are actively bleeding, deformed or have any pathological obstruction preventing safe swab insertion, or have a purposeful obstruction (i.e. nasal packing).</p> <p>Procedure: Collect one swab from both anterior nares, fill out one requisition requesting "MRSA Screen", then send swab and requisition to Microbiology.</p> <p>Adult Inpatient Units excluding Connell 4, Enhanced Care Unit (ECU), and ICU:</p> <p><input type="checkbox"/> Swab of both anterior nares for MRSA upon admission.</p> <p>Condition to implement Medical Directive 14-01: The MRSA screen is completed immediately upon admission if during the nursing admission assessment the patient confirms admission overnight to any healthcare facility, <u>including</u> Kingston General Hospital (i.e. hospital, nursing home, long-term care, including retirement home) within the last 12 months or the patient is living in a communal setting (e.g. shelter, halfway home, group home, correctional facility).</p> <p>Emergency Department (ED) (adults only)</p> <p><input type="checkbox"/> Swab of both anterior nares for MRSA upon admission.</p> <p>Condition to implement Medical Directive 14-01: The MRSA screen is completed immediately on all adult patients in the ED who are inpatients and it is determined that the patient has had an admission overnight to any healthcare facility, <u>including</u> Kingston General Hospital (i.e. hospital, nursing home, long-term care, including retirement home) within the last 12 months or the patient is living in a communal setting (e.g. shelter, halfway home, group home, correctional facility).</p> <p>ICU and Adult ECU:</p> <p><input type="checkbox"/> Swab of both anterior nares for MRSA upon admission and, if the patient is not MRSA positive, every week thereafter.</p> <p>Conditions to implement Medical Directive 14-01: The MRSA screen is completed upon admission if the patient is admitted to the Intensive Care Unit or Adult ECU AND the MRSA screen is repeated every week thereafter if the patient remains an inpatient of the ICU or Adult ECU for one (1) week or more and is not MRSA positive.</p> <p>NICU, Pediatric Unit and Pediatric ECU:</p> <p><input type="checkbox"/> Swab of both anterior nares for MRSA upon admission.</p> <p>Condition to implement Medical Directive 14-01: The MRSA screen is completed upon admission if during the nursing admission assessment, admission to any healthcare facility, <u>excluding</u> Kingston General Hospital (i.e. hospital, long-term care), within the last 12 months is confirmed or the patient is living in a communal setting (e.g. shelter, halfway home, group home, correctional facility).</p> <p>MRSA Cases, Contact, Cluster or Outbreak Screening - Adult Inpatient Units (all), Cancer Centre, ED, FAPC, NICU, Pediatric Unit, Pediatric ECU, and Renal Unit:</p> <p><input type="checkbox"/> Swab of both anterior nares for MRSA for cases, contact, cluster or outbreak screening.</p> <p><input type="checkbox"/> Swab of _____ (specify site) for MRSA.</p> <p>Condition to implement Medical Directive 14-01: The MRSA screen is completed immediately upon communication of need by the Medical Director of Infection Prevention and Control Services or Infection Control Practitioner.</p>	
MRSA Screen Medical Directive Nurse Signature:	Pharmacy Use Only:
Printed Name:	Reviewed by: _____
Date (YYYY/MM/DD) & Time (HHMM):	Entered by: _____
	Checked by: _____

SECTION III

3.0 REFERENCES

College of Nurses of Ontario. (2000). *Medical Directive, Revised 2000*. Toronto, ON: Author.

Ontario Ministry of Health and Long-Term Care. (2007). *Best Practices for Infection Prevention and Control of Resistant Staphylococcus aureus and Enterococci*, (March 2007). Toronto, On: Provincial Infectious Diseases Advisory Committee.

SECTION IV

4.0 EVALUATION OF LEARNING GUIDE

MRSA Screen Medical Directive

Your feedback regarding this learning guide would be greatly appreciated. Please take a few minutes to complete this evaluation and return it to: Nursing Education (Empire 2 #3-254)

(Please circle the appropriate answer)

1) Were the concepts discussed in this learning-guide presented clearly?

Not Clear

Very Clear

2) In order to help you understand the MRSA Screen Medical Directive, how would you rate the detail of information provided in this learning-guide?

1	2	3	4	5
(Not Detailed Enough)		(Just right)		(Too Much Detail)

3) Did this learning-guide help you increase your knowledge of MRSA Screen Medical Directive and related nursing practice?

1	2	3	4	5
(Made me more confused)		(No increase in knowledge at all)		(Significantly increased knowledge & understanding)

4) Overall, did this learning-guide meet your learning needs?

1	2	3	4	5
(did not meet my needs)		(met my needs effectively)		(exceeded my learning needs)

5) Did you find this learning-guide easy to read?

1	2	3	4	5
(Too easy to follow to read/follow)		(just right)		(very difficult to read/follow)

6) Please list any recommendations or comments you may have to help us improve this learning-guide?

Thank you for taking the time to complete this evaluation.