Standardized Procedures

- MRSA Screening and MRSA PCR Testing
- Pneumococcal and Influenza Vaccination

Learning Objectives:
- Explain the definition of a standardized procedure.
- Describe the purpose of the standardized procedures.
- Describe how standardized procedures are developed.
- Describe who is authorized to perform the activities of standardized procedures.

- A written procedure which authorizes the RN to perform a medical function based on an assessment of the patient and specific criteria.
- Such procedure is developed through the collaboration of nursing, physicians and administration and is to meet specific criteria as defined by the California Code of Regulations (CRC), Title 16, Article 7, the Nursing Practice Act and California Business and Professions Code Section 2725.
- It outlines the qualifications of the RN, the ongoing education requirements and the conditions under which the RN can perform the duties of the standardized procedure.
MRSA Screening and MRSA PCR Testing Standardized Procedure:

Learning Objectives: Upon completion of this activity, the nurse will be able to:

- Discuss the RN role in the MRSA screening process using the Standardized Procedures.
- State the Inclusion Criteria for screening patients.
- Verbalize proper technique for performing the nasal swab test.
- Describe the process required for a positive test result.

The new law:

- Effective January 2009, state law requires MRSA screening within 24 hours of admission for inpatients.
- The MD is required to inform the patient is the swab test result is positive.
- If positive, the patient is given written & verbal instructions on aftercare to prevent the spread to others. And education handout is available.

Why this new law:

- Nile Moss, died from a MRSA infection after a visit to the hospital where he went for an MRI.
- What at first seemed to be the flu was actually a drug-resistant staph infection.
- Carole Moss, Nile’s mother who had never heard of MRSA worked hard to bring the change: Nile’s law (Senate Bill 1058), which requires hospitals to report hospital acquired infection rates and screen high-risk patients for MRSA.
- Under the new law, hospitals must also develop comprehensive procedures to prevent the spread of infection.

Why this matters to YOU and your PATIENTS:

- Studies indicate that substantial proportion of MRSA-colonized patients will develop an MRSA infection.
- A top risk factor for acquiring a Healthcare Acquired (HAI) is Colonization pressure- **MRSA-carrier days: Total Patient days**
- The need to perform active surveillance testing:
  - Cultures for infection identify only a small proportion of hospital patients who are colonized with MRSA.
  - Asymptomatically colonized MRSA carriers serve as a reservoir for person-to-person transmission of MRSA

When does this screening and nasal swab testing take place:

- Patients will be screened within 24 hours of admission
- If criteria are met a nasal swab test will be done
- The admitting RN is responsible to perform the swab test.
### Standardized Procedure: MRSA PCR Testing

#### 1. Patient Screening
- Determine whether patient meets inclusion criteria using Assessment for MRSA PCR Test form. Following patients need the swab test:
  - Past history of MRSA
  - Inpatient admitted from a skilled nursing facility
  - Inpatient dialysis
  - Critical Care admissions and transfers
  - Previous discharge from any acute care hospital in past 30 days
  - Inpatients having surgery meeting above criteria
- Place this assessment form in patient’s chart under Physician Order tab

#### 2. Prepare for the Test
- If inclusion criteria ARE met:
  - Provide patients with the “Patient and Family Information about Surveillance Culturing for MRSA” handout.
  - Place original form in Physician Order tab of the chart
  - Order test in ClinStar
- If Inclusion criteria are NOT met:
  - Indicate on form
  - Sign it and place in physician orders tab of medical record.

#### 3. Educate
- Provide patients with the “Patient and Family Information about Surveillance Culturing for MRSA” handout. **Tell the patient what you plan to do:**
  - Swab each nostril to look for bacteria that are resistant to antibiotics
  - No pain involved
  - Answer questions

#### 4. Get the specimen
- **Note:** MRSA PCR nasal swab test is performed by the admitting nurse.
  - Wash hands and put on gloves.
  - Use the special red top Copan swabs.
  - Insert both swabs 1-2 cm into the nostril and rotate rubbing the inside anterior edge full circle with gentle pressure.
  - Repeat in second nostril with same swabs.
  - Place back in tube, label and send to Lab.
  - MRSA PCR results are obtained within 2 hours!!!!
- **If test results are Negative:**
  - There’s nothing more to do!!

#### 5. If Test Results are Positive:
- Notify Unit Coordinator.
- Place patient in isolation
- Inform physician
- Place “Physician MRSA positive” form on chart with educational handout (Can be obtained from Unit Secretary or from InTouch).
- **Note:**
  - Only MRSA PCS positives are isolated.
  - Physician must inform the patient.
  - Prior to discharge: Patient must receive verbal & written instructions about ways to prevent transmission of MRSA

#### 6. Prevention of Transmission of MRSA
- The best way to prevent transmission of MRSA is **hand hygiene, clean equipment and a clean environment.**
Assessment for MRSA PCR Test

Must be completed within 24 hours of Admission

Instructions:
1. Perform criteria assessment.
2. Provide patients that meet criteria with the pre-testing handout “Patient and Family Information about Surveillance Culturing for MRSA”.
3. Obtain a nasal swab for MRSA PCR test using a red top Copan swab ONLY for patients that meet any of the criteria below:

Check appropriate box(es): (Applies to Inpatients ONLY)

☐ Past history of MRSA
☐ Admission from a Skilled Nursing Facility
☐ All inpatients on dialysis
☐ Admissions into a Critical Care Unit
☐ In-house transfers into a Critical Care Unit
☐ Discharge from any acute care hospital in the 30 days prior to current admit
☐ Inpatient surgeries meeting above criteria

**ASSESSMENT:**
[ ] Meets criteria. Patient and Family Information Handout provided.
[ ] Does not meet criteria. No handout and no MRSA PCR test.
[ ] Patient refused test: Physician notified and fax completed form to Infection Control @3492 (document in Progress Record)

RN Signature: ___________________________ Date: ___________ Time: __________

**MRSA PCR:**
[ ] Test ordered in ClinStar
[ ] MRSA PCR nasal swab performed
[ ] Other: ___________________________

RN Signature: ___________________________ Date: ___________ Time: __________

Note: Place form in the MD Order Section of the chart

PREOPERATIVE ORDERS ARE AUTOMATICALLY CANCELLED FOLLOWING ALL OPERATIVE PROCEDURES.

Rev 8/09

PHYSICIAN ORDER

PAS-MRSA PCR Test
Patient and Family Information about Surveillance Culturing for MRSA

While you are a patient at our hospital we want to keep you and other patients as safe as possible. To help do this we have a new process at our hospital that uses a cotton tipped swab (like a Q-tip) to check your nose for some community acquired germs called *Methicillin Resistant Staphlococcus aureus* (MRSA). As part of our routine care we check all patients that are admitted to the Intensive Care Unit and others who may be more likely to unknowingly carry the MRSA germ.

The results of this test will be placed in your chart and your physician will review them. He/she will instruct you on any special treatments or procedures that may be needed.

If you are found to be positive, you will be placed in Isolation Precautions to prevent spreading. You do have the right to refuse this test as you do with any medical test. Please let us know if we can answer questions and if you need more information.
POSITIVE MRSA PCR SCREENING RESULTS

Date: ____________________

Dear Doctor,

Your patient tested positive on the admission MRSA PCR Screen, indicating MRSA colonization. **State law specifically requires the physician to inform the patient or the patient’s representative about positive results.** Written and verbal instruction about aftercare and how to prevent the spread of infection must also be provided to patients. To support you in this endeavor, we have provided a fact sheet for you to give your patient with answers to commonly asked questions about MRSA.

Treatment to eradicate colonization is usually not indicated. However, if your patient has signs or symptoms of an infection, is on dialysis, or is scheduled for an elective surgery, treatment may be indicated. Please call an Infectious Disease physician for advice if you need further information about treatment.

Thank you,

Saint Agnes Infection Control

I have informed the patient/patient’s representative about the MRSA positive results.

MD signature __________________________________________ Date/time: __________

Note: A handout entitled “Understanding MRSA” is available which may be used to provide patients with information about MRSA, instructions regarding aftercare and precautions they may take to prevent the spread of MRSA infection to others.
Have you been diagnosed with a Staphylococcus aureus or MRSA infection? Here are answers to some common questions…

What is MRSA?
Staphylococcus aureus (or S. aureus), also called staph, are bacteria commonly found on human skin. Common places include inside the nose, in the armpit, groin, and genital area.

- In most cases, staph either do not cause any problems or cause minor infections, such as pimples or boils. In some cases, staph can cause more serious infections.
- Some staph bacteria are resistant to certain antibiotics. Methicillin-resistant S. aureus (MRSA) are resistant to the antibiotic methicillin and related antibiotics.
- MRSA is common in the community. It has the potential to spread from person to person by skin-to-skin contact or a contaminated object or surface.
- The incidence of MRSA is increasing.

What does it mean to be colonized versus infected?
If you are colonized with MRSA, you carry the MRSA germ but do not have symptoms of infection. However, if you are infected, you will have symptoms. These will vary depending on where the infection lies (i.e., wound, respiratory, blood, etc.)

What are the treatment options for MRSA?

Colonized patients:
In most cases no treatment is necessary. However, if you are planning to have surgery or have a condition that places you at higher risk for infection, you will want to discuss potential treatment options with your physician. Sometimes antibiotics are not the best choice for treatment.

Infected patients:
Antibiotics are most commonly used to treat MRSA infection, but choices can be limited and may take longer and/or be more expensive. If you have ever had an MRSA infection, be sure to tell any healthcare provider who treats you.

How did I get MRSA and how is it spread?
Staph infections, including MRSA, are spread by close contact with infected people. Staph can come off of infected skin onto the skin of another person during skin-to-skin contact.

Staph can also come off of infected skin onto shared objects and surfaces and get onto the skin of the person who uses the object or surface next. Wound drainage and pus is very infectious.
How can I stop the spread of infection?

In the hospital:
If you have an MRSA infection or are colonized, you will be placed in isolation. Please follow these precautions and encourage your family and visitors to do the same.

- Make sure that healthcare workers and visitors wash their hands or use hand sanitizer before touching you (or ask a friend or loved one to act as your advocate).
- Request that healthcare workers clean equipment and use clean gowns, gloves and masks before caring for you.

At home:
Practice good hygiene

- Keep your hands clean by washing with soap and water for at least 15 seconds.
- Use alcohol hand gel when soap and water are not available.
- Keep cuts and scrapes clean and covered with clean dressings.
- Avoid touching the wounds of other people.
- If you must touch your wound or take care of someone else’s wound, ALWAYS wash hands before and after care.
- Cover your mouth and nose when you sneeze or cough.
- Do not share your towels or other personal items with others.
- Keep the environment clean. Use a disinfectant to regularly clean frequently touched surfaces and other items that come into direct contact with infected skin.

Additional Resources

General MRSA information
http://www.cdc.gov/mrsa/

Community-Acquired MRSA
http://www.cdc.gov/ncidod/dhqp/ar_mrsa_ca.html

MRSA Prevention
http://www.cdc.gov/mrsa/mrsa_initiative/skin_infection/mrsa_faqs.html

Healthcare-Associated MRSA

This information is provided by the Infection Control Department at Saint Agnes Medical Center.
Pneumococcal and Influenza Vaccinations by Standardized Procedure

Learning Objectives: Upon completion of this activity, the learner will be able to:
- State who is able to authorized to perform the activities of this standardized procedure.
- Describe Inclusion and Exclusion criteria for vaccine administration.
- Describe process for obtaining vaccine from pharmacy and when it will be given.
- Demonstrate where vaccine elements should be documented.

Introduction:
- Effective October 1, 2008, patients admitted to the hospital must be offered the Pneumonia and Influenza vaccinations.
- For specific patients, ordering and administering the vaccines are covered through the use of a Standardized Procedure.
- We have outlined this for Saint Agnes in Standardized Procedure: Pneumococcal and Influenza vaccinations A-24 available in DocuShare.
- Only patients that meet the criteria are to receive the influenza/Pneumococcal vaccines following this standardized procedure.

Who will perform the duties of this Standardized Procedure:
- The ordering and administration of pneumonia or influenza vaccinations will take place by the RN working between “0700-1900”.
- This is to better manage the training, credentialing and maintenance of the competency required by standardized procedure.
- The night shift nurse puts the Pneumonia and Influenza Assessment Form on the chart under physician’s orders and communicates to the oncoming nurse that it needs to be completed.
### Standardized Procedure: Pneumococcal and Influenza

#### 1. Patient Screening
- Vaccinations must be offered to all patients:
  - Pneumococcal: if not rec’d within last 5 years (all year round).
  - Influenza: if not rec’d within current flu season (only October 1st through April).
- If patient agrees to vaccination, use the Pneumococcal and Influenza Vaccine form to determine inclusion and/or exclusion criteria.
- If patient refuses, check the box under exclusion criteria.
- Upon completion, place form in Physician Order tab of chart, even if patient does not meet criteria for vaccination administration.

#### 2. Inclusion Criteria:
- **Pneumococcal:** 65 years or older
- **Influenza:** 50 years or older
- **18-64 years & any of the following High Risk Patients:**
  - Chronic heart or lung disease
  - Kidney disease, kidney failure or nephritic syndrome
  - Diabetes mellitus
  - Functional or anatomic asplenia (e.g. sickle cell, Splenectomy), Anemia & other blood disorders
  - Compromised immunity such as HIV infection/ AIDS & other diseases that affect the immune system, Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, organ or bone marrow transplant, steroid therapy, chemotherapy, radiation therapy, congenital immunodeficiency disorders
  - Alcoholism
  - Neuromuscular disorders that can cause breathing problems
  - Leaks of CSF
- Current diagnosis of pneumonia or respiratory failure

#### 3. Inclusion Criteria Met:
- If vaccine indicated, complete pharmacy section of form
- Fax the form to pharmacy: Pharmacy to enter vaccine into MAR
- Give Vaccine:
  - Day 3 of admission or day of discharge (Pharmacy needs to be notified to send vaccine if given on day of discharge)
  - OR
  - Day 2 for Pneumonia Core Measure Patient (Fax completed form to Quality)

#### 4. Vaccine Administration:
- Review Pneumococcal & Influenza Vaccine Form
- Provide VIS (Available in English, Spanish & Hmong on InTouch)
  - If limited English- follow P&P E-3
- Administer Vaccine
  - 0.5 ml IM (Deltoid)
  - 23 guage needle preferred
- Both vaccines may be administered on the same day but at different sites

#### 5. Documentation:
- Admission Summary: document date vaccine received if known
- Pneumococcal & Influenza Form
- ClinStar User Defined Fields: Date vaccine received if known
- Pneumonia Core Measures Form: Fax to Quality at x3563

#### 6. Exclusion Criteria
- Under the age of 18 years
- Previously immunized
  - Pneumococcal: within last 5 years
  - Influenza: Infection this flu season
- Hypersensitivity to vaccine components like eggs or thimersol
- Previous severe reaction to vaccine
- Pregnancy
- Patient refusal
- Comfort Measures
- Bone Marrow transplant within the last year
- Pneumococcal: Receiving Radiation/Chemo during this stay
- Influenza Vaccine: History of Guillan-Barre.

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- Bone Marrow transplant within the last year
- Pneumococcal: Receiving Radiation/Chemo during this stay
- Influenza Vaccine: History of Guillan-Barre.
INSTRUCTIONS:
1. Complete Vaccine Assessment on all inpatients age 18 or older.
2. Provide Centers for Disease Control - Vaccine Information Sheet(s) to all patients meeting criteria. Located on InTouch – Infection Control - Forms. Patient info sheet is required but NOT consent to receive vaccine.
3. If inclusion criteria is met and no exclusion, fax completed form to pharmacy.
4. Administer vaccines IM on MSAR/ Electronic MAR
5. Document vaccine administration and place on Progress care
6. Document date vaccine
7. Place this form in the Physician order section, even if vaccine is not given.

INCLUSION Criteria: Check all boxes that apply

Pneumococcal (offer year round) based on Center for Disease Control’s updated guidelines:
- 65 years or older
- 18-64 years and any of the following: High risk patients
  - Chronic heart or lung disease
  - Kidney disease, kidney failure or nephrotic syndrome
  - Diabetes mellitus
  - Functional or anatomic asplenia (e.g. Sickle cell, Splenectomy).
  - Anemia and other blood disorders
  - Compromised immunity such as HIV infection/AIDS and other diseases that affect the immune system, Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, organ or bone marrow transplant, steroid therapy, chemotherapy, radiation therapy, Congenital immunodeficiency disorders
  - Alcoholism
  - Neuromuscular disorders that can cause breathing problems.
  - Leaks of cerebrospinal fluid
- Current diagnosis of pneumonia or respiratory failure (Core measure – See order section below)

Influenza (October through April 1 only) based on Center for Disease Control’s updated guidelines: Required Annually
- 50 years or older
- 18 – 49 years and any of the following: High risk patients
  - Chronic heart or lung disease
  - Kidney disease, kidney failure or nephrotic syndrome
  - Diabetes Mellitus
  - Functional or anatomic asplenia (e.g. Sickle cell, Splenectomy).
  - Anemia and other blood disorders
  - Compromised immunity such as HIV infection/AIDS and other diseases that affect the immune system, Hodgkin’s disease, leukemia, lymphoma, multiple myeloma, organ or bone marrow transplant, steroid therapy, chemotherapy, radiation therapy, Congenital immunodeficiency disorders
  - Alcoholism
  - Neuromuscular disorders that can cause breathing problems.
  - Leaks of cerebrospinal fluid
- Current diagnosis of pneumonia or respiratory failure (Core measure – See order section below)

EXCLUSION Criteria: Check all boxes that apply

Pneumococcal vaccine not indicated due to:
- Under age 18 years.
- Previously immunized within the last 5 years ago:
  Date Received: ______________
- Allergic to eggs or thimerosal (preservative in solution).
- Previous severe reaction to pneumococcal vaccine.
- Patient states she is pregnant.
- Patient refusal.
- Care is comfort measures only.
- Bone Marrow transplant within the last year.
- Receiving Radiation/Chemo during this stay

Influenza vaccine not indicated due to:
- Under age 18 years.
- Previously immunized this flu season:
  Date Received: ______________
- Allergic to eggs or thimerosal (preservative in solution).
- Previous severe reaction to influenza vaccine.
- Patient states she is pregnant.
- Patient refusal.
- Care is comfort measures only.
- Bone Marrow transplant within the last year.
- History of Guillain-Barré

ASSESSMENT Completed By:  
Date: _______________  
RN Signature ___________________  Time: _______________

FAX ORDER TO PHARMACY IF VACCINE INDICATED

☐ Pneumococcal Vaccine indicated – Patient meets any Inclusion Criteria and no Exclusion Criteria – FAX form to Pharmacy.  
Administer Vaccine (Year Round) – See Electronic MAR

☐ Pneumococcal Vaccine 0.5 ml IM (deltoid muscle) once on day 3 or day of discharge  
-OR-

☐ Pneumococcal Vaccine 0.5ml IM (deltoid muscle) once on day 2 for Pneumonia patients (Core measure)

RN Signature ___________________  Time: _______________

☐ Influenza Vaccine indicated – Patient meets any Inclusion Criteria and no Exclusion Criteria – Fax form to Pharmacy.  
Administer vaccine (October through April 1 ONLY) – See Electronic MAR

☐ Influenza Vaccine 0.5 ml IM (deltoid muscle) once on day 3 or day of discharge  
-OR-

☐ Influenza Vaccine 0.5 ml IM (deltoid muscle) once on day 2 for Pneumonia patients (Core Measure)

RN Signature ___________________  Date/Time: _______________

This assessment form is used to decide if Pneumonia &/or Flu vaccines are indicated.
Acts as the MD order to get vaccine from the Pharmacy
Is found on: InTouch > Patient Care > Clinical Toolkit