



MRSA Transmission Risk Assessment Screening Tool and Nursing Interventions

	1 st Assessment				2 nd Assessment			
Patient Name:	Date/Time:		Initials:		Date/Time:		Initials:	
Admission Date:	Reason for completing this assessment (check one): <input type="checkbox"/> new admission <input type="checkbox"/> change in risk status				Reason for completing this assessment (check one): <input type="checkbox"/> new admission <input type="checkbox"/> change in risk status			
Location:								
Admit Time:	0=Minimal 1=Low 2=Moderate 3=High				0=Minimal 1=Low 2=Moderate 3=High			
<i>Circle the answer</i>								
1. Patient has a draining wound	NO	YES			NO	YES		
2. Past history or current diagnosis of MRSA? <i>(documented in medical record or by patient/SO report)</i>	NO (go to 3) YES (go to 2a)				NO (go to 3) YES (go to 2a)			
2a. If yes, current or active problem?			NO (go to 3)	YES (go to 2b)			NO (go to 3)	YES (go to 2b)
2b. If yes, check source of problem: <input type="checkbox"/> wound infection <input type="checkbox"/> urinary infection <input type="checkbox"/> indwelling device <input type="checkbox"/> respiratory								
3. Patient lives with someone with MRSA? <i>(the patient shares living space with someone who has a past or current diagnosis of MRSA)</i>	NO		YES		NO		YES	
4. Patient's culture status is:								
• Not ordered	YES				YES			
• Negative for organism	YES				YES			
• Positive for any MDRO organism			YES				YES	
• Pending			YES				YES	
• Positive for MRSA				YES				YES
Risk Score: 0 = Minimal Risk 1 = Low Risk 2 = Moderate Risk (notify attending provider) 3 = High Risk (notify attending provider)								
<i>(SEE PAGE 2 FOR NURSING INTERVENTIONS)</i>	MINIMAL Write "0" if anything in this column is circled.	LOW Write "1" if anything in this column is circled.	MODERATE Write "2" if anything in this column is circled.	HIGH Write "3" if anything in this column is circled.	MINIMAL Write "0" if anything in this column is circled.	LOW Write "1" if anything in this column is circled.	MODERATE Write "2" if anything in this column is circled.	HIGH Write "3" if anything in this column is circled.

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Nursing Interventions to be considered: Manage the patient according to their highest risk score generated by assessment.

RISK SCORE = 0 (MINIMAL Risk of MRSA Transmission)	RISK SCORE = 1 (LOW Risk of MRSA Transmission)
<div style="background-color: black; color: white; padding: 2px;"><input checked="" type="checkbox"/> INTERVENTIONS</div> <ul style="list-style-type: none"> <input type="checkbox"/> Single room not necessary <input type="checkbox"/> Routine patient cares <input type="checkbox"/> Routine hand hygiene and standard precaution practices <input type="checkbox"/> No limitations to access to other treatment areas of facility <input type="checkbox"/> Routine pre-op antibiotics 	<div style="background-color: black; color: white; padding: 2px;"><input checked="" type="checkbox"/> INTERVENTIONS</div> <ul style="list-style-type: none"> <input type="checkbox"/> Single room not necessary <input type="checkbox"/> Routine hand hygiene and standard precautions <input type="checkbox"/> Routine respiratory hygiene practices, if applicable <input type="checkbox"/> Implement appropriate precautions: contact if wound; droplet if respiratory <input type="checkbox"/> No limitations to access to other treatment areas of facility <input type="checkbox"/> Routine pre-op antibiotics
RISK SCORE = 2 (MODERATE Risk of MRSA Transmission)	RISK SCORE = 3 (HIGH Risk of MRSA Transmission)
<div style="background-color: black; color: white; padding: 2px;"><input checked="" type="checkbox"/> INTERVENTIONS</div> <ul style="list-style-type: none"> <input type="checkbox"/> Single room preferred: if not available cohort with other MRSA pts or room with a patient at low risk for acquisition <input type="checkbox"/> Routine hand hygiene practices <input type="checkbox"/> Implement appropriate precautions: contact if wound; droplet if respiratory. Cover wounds and/or mask prior to transport <input type="checkbox"/> Individually evaluate for access to other treatment areas of the facility; Alert departments to transmission risk as necessary <input type="checkbox"/> Consider closed system suctioning if a ventilator patient <input type="checkbox"/> MRSA signage to be considered if open wound or infected long-term indwelling medical device <input type="checkbox"/> Patient care equipment dedicated to room whenever possible, or strict cleaning procedures between use <input type="checkbox"/> Consider MRSA antibiotic pathway if pre-op <input type="checkbox"/> Notify attending provider prior to end of shift <input type="checkbox"/> Begin patient/family education 	<div style="background-color: black; color: white; padding: 2px;"><input checked="" type="checkbox"/> INTERVENTIONS</div> <ul style="list-style-type: none"> <input type="checkbox"/> Single room preferred: if not available cohort with other MRSA pts or room with a patient at low risk for acquisition <input type="checkbox"/> Routine hand hygiene practices <input type="checkbox"/> Implement appropriate precautions: contact if wound; droplet if respiratory; consider isolation if respiratory with cough. Cover wounds and/or mask prior to transport <input type="checkbox"/> No access to other treatment areas of facility unless no other option (ie, radiology, lab, therapies) <input type="checkbox"/> Consider closed system suctioning if a ventilator patient <input type="checkbox"/> MRSA signage to be considered if open wound or infected long-term indwelling medical device <input type="checkbox"/> Patient care equipment dedicated to room whenever possible, or strict cleaning procedures between use <input type="checkbox"/> Consider MRSA antibiotic pathway if pre-op <input type="checkbox"/> Consider chlorohexidine pre-op prep and when baths given post-op <input type="checkbox"/> Notify attending provider prior to end of shift <input type="checkbox"/> Begin patient/family education <input type="checkbox"/> Alert departments as necessary <input type="checkbox"/> Alert other facility if patient transferred