

Appendix 2 - Acute care CPE flow chart

1. Has the patient been identified as having CPE in the past or close contact with a person who has?
2. Has the patient had an overnight stay in any hospital, in the UK (excluding UHDB) or abroad in the previous 12 months? Note: There is no requirement to rescreen the patient for CPE on each admission to UHDB unless there have been further overnight stays in any hospital in the UK or abroad
3. Is this patient being admitted to ICU, ward 301, ward 407 which are augmented care areas?

Yes - Patient is suspected or at risk of colonisation or infection collect the following microbiological samples.

Patients with a history of CPE or have had an overnight stay in a hospital abroad within the last year should be prioritised for a side room.

- **Rectal swab** with visible faecal material and/or discolouration to enable organism detection in the laboratory. Take by gently inserting a swab inside the rectum 3 to 4cms beyond the anal sphincter, rotating gently and removing. Normal saline can be used to moisten the swab prior to insertion **or stool sample** collect a pea sized amount of stool in a blue stool sample container.
- **Wounds swabs** - surgical wounds, leg ulcers, pressure sores, breaks in skin, other lesions.
- **Urine sample** if patient catheterised.

Negative CPE result. Stop contact precautions. No further actions**

No known risk. Screening not required. Send routine microbiological samples as clinically indicated.

Positive CPE Result

- Inform patient of result
- Ensure patient is isolated in a single room ideally with ensuite facilities.
- Ensure standard infection control precautions and contact (transmission based) precautions used.
- Communicate to relevant clinical teams.
- Flag patients notes with results.
- IPC will consider convening incident/outbreak meeting if there is evidence of transmission.
- Identify and screen contact as indicated.
- Review clinical management including use of antimicrobials and devices (whether required).
- Communicate patients' positive status to GP and other healthcare providers on discharge or transfer.

- **Previous CPE positive patients with negative CPE screens can revert to being CPE positive, especially after antibiotic. Discuss with IPCT before removing from isolation.
- Treat as CPE positive if recent laboratory confirmation during this admission or confirmed at the transferring healthcare setting.