

Management of Suspect CPO Patient

1. All patients admitted to VCH Acute Care will have the Infection Control [Admission Screening Tool](#) completed.
2. Patients meeting the “MDR GNB Risk Assessment” (Multidrug-Resistant Gram-Negative Bacilli screen) criteria on the screening tool will be screened for CPO and placed on [Contact Precautions](#).

3. All patients will have a minimum of:

- A dedicated toilet/commode
- Equipment cleaned and disinfected after each use

Those patients at ‘higher risk’ of having a CPO defined as:

- Care or hospitalization in an ‘out-of-country’ healthcare facility
- Multiple invasive devices/procedures in an ‘out-of-country’ healthcare facility
- Returned to Canada with invasive devices in-situ

Require:

- A single room
- A dedicated toilet/commode
- Dedicated patient care equipment which is cleaned and disinfected between each use

Add Transmission-based precautions as follows:

- Droplet and Contact Precautions for patients with productive cough or if ventilated in ICU

4. Obtain Specimens as follows:

- Rectal/ostomy site - swab must be fecally-stained; stool specimen if unable to obtain rectal swab (can be combined with MRSA & VRE screen) (VRE screening is on High Risk Units only BMT, SOT, ICU, BTHA)

Additional samples if applicable:

- Sputum/tracheal aspirate
- Urine (if catheterized)
- Open wound (can be combined with MRSA screen)

5. If the patient is found to be CPO positive by laboratory-confirmation or by Infection Control, follow the checklist for [Management of the Confirmed CPO Patient](#)

Note: There is no need to isolate in-house contacts (screened weekly over a 21-day period) as part of surveillance for ongoing CPO transmission. Discharged CPO contacts that were not screened for the 21 days should be placed on Contact Precautions (no need for private room) and screened for CPO on readmission.

