DISCONTINUING PRECAUTIONS
for
HOSPITALIZED ADULTS

KEY NOTES	
	1. Not for use in ED or during Outbreaks 2. Before precautions can be removed, a terminal clean must be completed following Island Health Guidelines. Upon completion of the clean, housekeeping will remove the precaution sign. 3. First time ARO/CPO Admission screens that are negative do not need a terminal clean 4. Staff must ensure that Power Chart is up to date with the current precaution status 5. Only applies to your current patient assignment

PRECAUTION TYPE	REASON	DISCONTINUATION CRITERIA
Contact	MRSA Colonization	For screened positive, check dates for the 2 sets of negative screens and 1 week apart (all screens must be 7 days post antibiotics) then consult ICP for disease alert removal
	MRSA Infection	Consult ICP
	Carbapenemase Producing Organisms (CPO) Screen Swabs	For a negative CPO screen, and patient does not have an existing CPO disease alert, d/c precautions
	CPO with current Disease Alert	Consult ICP for existing CPO disease alerts or patient transfers from high risk areas
	Extended Spectrum Beta- Lactamase (ESBL) infection[1]	Appropriate antibiotic therapy completed[2] and risk assessment indicates no additional precautions needed
	Vancomycin Resistant Enterococci (VRE) infection	Appropriate antibiotic therapy completed and risk assessment indicates no additional precautions needed
	Other ARO	Consult ICP
	Diarrhea (no vomiting and/or CDiff negative)	Stools formed/normalized x 48 hours, as documented in the Bristol Stool Chart; or infectious cause ruled out
	Wounds with uncontained drainage	Precautions discontinued when contained between dressing changes
	Lice or Scabies	24 hrs after application of appropriate pediculicide (treatment may need repeating) *Note: all personal belongings must be bagged and sealed for 10 days or sent home*
	Shingles (limited to one dermatome)	All lesions dry and crusted and contained to a single dermatome
Contact Sporicidal	Clostridium Difficile positive	Stools returned to patient's normal x 72 hours, as documented in the Bristol Stool Chart
Droplet	New or worsening cough	Note: in all cases below, first check for a np swab and if it is pending then leave on precautions and reassess when results are available • Diagnosis of *pneumonia*, then discontinue after 48 hours of appropriate antibiotic therapy, and clinically improving[3]; or if • Diagnosis is *aspiration pneumonia*, discontinue precautions; or if • *Upper respiratory infection*, remove after a minimum of 5 days or symptoms resolved; (whichever is longer); or if • *Confirmed influenza* a. treated with Tamiflu, discontinue when Tamiflu treatment ends or after 5 days (whichever is longer); and if b. Not treated with Tamiflu, discontinue precautions after day 5 if asymptomatic, unless severely immune compromised; and for c. ICU patients, or ICU patients transferred to ward, contact ICP • *For exposure* to flu, or admitted from an outbreak facility/unit, contact ICP • *Confirmed/suspected pertussis*, discontinue after 5 days of appropriate antibiotic
	MRSA in sputum	Consult ICP regarding cough status
	Fever with rash (i.e. Meningococcal confirmed/suspected)	Must be on antibiotics therapy for at least 24 hours and clinical improvement observed before removing precautions
	Vomiting NYD	No vomiting x 48 hours
	Vomiting and diarrhea	Asymptomatic X 48 hours
	Suspect, or known, invasive Group A Strep (necrotizing fasciitis, toxic shock, bloodstream, lungs)	At least 24 hours of an appropriate antibiotic therapy, clinical improvement, and affected area/drainage contained
Airborne (mask only)	Suspected or Diagnosed pulmonary TB	Consult ICP
Airborne with Contact	Chickenpox/Measles	Consult ICP
	Disseminated Shingles (VSV) – more than one dermatone	Consult ICP

[1] ESBL and VRE infection occurs when microorganisms invade a body site, multiplying in tissue and causing clinical manifestations of local or systemic inflammation (fever, redness, heat, swelling, pain).
[2] The term appropriate applies to an antibiotic which the organism is susceptible to. To determine this, check the microbiology results for susceptibilities
[3] Clinically improved: WBC decreasing, afebrile, increasing energy, CXR shows improvement