

Information Sheet Multidrug-resistant bacteria (MDR)

Am I allowed to leave the isolation room?

Yes, you are allowed to leave the room, if examinations or treatments have to take place. Medical staff members will inform you.

If you leave the room **the following requirements must be ensured:**

- Disinfect your hands! Wear protective gown and mask, if needed!
- Visits to waiting areas, cafeteria or other wards have to be as short as possible.
- No visits of shared public toilets in the hospital.
- Avoid direct contact to other patients (e.g. no hand-shaking)

Can you receive visitors?

MRSA, VRE/LRE and MRGN are usually not harmful for healthy visitors. Visitors with open wounds or immunodeficiency have to take extra care. Please inform the staff members, if you expect visitors. Visitors also have to disinfect their hands before entering the room and wear a protective gown, gloves, and a face mask, if necessary. As a visitor, please do not sit on the patient's bed. At the end of the visit, the protective gown and the gloves are disposed of in the room and hand disinfection is performed.

Is my family on risk?

MRSA, VRE/LRE and MRGN are no risk for healthy people. Sometimes the resistant bacteria disappear in the domestic environment without treatment. These bacteria can be a potential threat for newborns, elderly people and patients with diabetes, extensive wounds or immunodeficiency. Please discuss these situations with your doctor.

What is happening after your discharge?

Patients colonized with MDR can be discharged to their homes without a problem. A decolonization regimen for MRSA that was started in the hospital should be completed at home. The hospital will inform your general practitioner about it. Washing your hands in regular intervals, especially after using the toilet, is very important. Underwear as well as bed sheets should be washed at 60 °C with a heavy-duty detergent (Vollwaschmittel).

What happens at a readmission to the hospital?

Even if you have lost your MDR, it is possible that the bacteria will be detectable again at a later time point. Therefore, it is important that on admission you tell the doctor that you were previously screened positive for MDR. Screening swabs will then be taken on admission.

Best wishes for your recovery,

UKT-Krankenhaushygiene

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Information Sheet

Multidrug-resistant bacteria (MDR)

Dear patient, parent, or accompanying person!

You or your child has been diagnosed with **multidrug-resistant bacteria (MDR)**. For the safety of you, other patients, and family members, we would like to explain the rules of conduct that are now important and what measures will be taken.

What does MDR mean?

MDR is a general term that is used for bacterial organisms resistant to a number of widely used antibiotics. Examples are MRSA, VRE/LRE and MRGN.

What does MRSA mean?

Staphylococcus aureus is a bacterium that colonizes skin, nose, and throat of many people. Healthy people can carry *S. aureus* without getting ill. Some *Staphylococcus aureus* strains are resistant to Methicillin and a number of widely-used antibiotics. These strains are then called “**Methicillin-Resistant *Staphylococcus Aureus***” (**MRSA**) and have to be treated with different antibiotics.

What does VRE/LRE mean?

Enterococci are bacteria that all humans normally carry in their intestines. Infrequently, these pathogens can also cause infections. Some of the enterococci strains are resistant to the antibiotics Vancomycin or Linezolid. That’s why they are called **Vancomycin-Resistant Enterococci (VRE)** or **Linezolid-Resistant Enterococci (LRE)**.

What does MRGN mean?

MRGN (**M**ulti**R**esistant **G**ram-**N**egative rods) are a group of bacterial organisms (*Escherichia coli*, *Klebsiella pneumoniae*, *Pseudomonas aeruginosa* and others) that are resistant to a number of widely used antibiotics. They are found mostly in the intestine, but the urinary tract, the upper respiratory tract or the skin can be colonized, too.

MDR in Hospital

Hospitalized patients are especially vulnerable to infections with MDR due to their underlying disease or procedures. Therefore, transmission of resistant bacteria between patients must be avoided. Rules of conduct and special hygiene measures are taken **to prevent the spread of MDR in the hospital.**

How are MDR transmitted?

Colonization with MDR can exist before admission to the hospital, or MDR can be transmitted during a hospital stay. Transmission by hands is the most important route, either directly or indirectly via surfaces. **Proper hand hygiene is the important measure to stop the spread of MDR in the hospital.**

Which measures are taken in case of MDR?

Special hygiene measures play an essential role in preventing the spread of MDR. Patients will often be accommodated in single rooms or together with patients carrying the same bacteria. Medical staff members will wear special protective clothing when caring for you.

Patients, visitors and staff members are advised to accurately disinfect their hands before and after any patient contact.

How do you lose MRSA?

For the removal (decolonization) of MRSA the patient will be treated within a period of five days with a nasal ointment, disinfecting skin rub and mouth rinse. Antibiotic therapy will commence if an infection must be treated. Screening swabs will be taken after finishing the decolonizing treatment to monitor the success.

How do you lose VRE, LRE or MRGN?

At the moment, no effective measures are known to eliminate these bacteria, but it is possible to lose these bacteria without treatment over time. Therefore, regular screening swabs will be taken.

