Carbapenemase Producing Enterobacteriaceae (CPE) Risk Assessment



Complete or attach patient addressograph label		To prevent the s	To prevent the spread of CPE, all patients must		
Name		·	be risk assessed for CPE at pre-admission or		
		on admission		•	
DoB					
UHPI or CHI		File this form in	File this form in the patient's medical record		
Is the patient in any of the following groups?					
History of CPE				are facility outside	
Known exposure	to CPE Scotland during the previous 12-months		previous 12-months		
Direct transfer fro facility outside S	om any healthcare cotland	Holiday	dialysis		
If the patient falls into one or more group from above continue with this Risk Assessment If the patient does not fall into any group no further action is required					
\downarrow					
Send a rectal swab or stool specimen to the microbiology laboratory requesting a					
Carbapenemase Producing Enterobacteriaceae (CPE) Screen					
If urinary catheter in situ or wound present specimens should also be sent from these sites					
Refer to How to Screen for CPE (found in the CPE Toolkit) for further information					
Patients must be isolated with contact precautions in place if they are in one of the					
following categories i.e. high risk of CPE a. History of CPE or Known Exposure to CPE					
b. Direct transfer from any healthcare facility outside Scotland					
c. Inpatient at healthcare facility in a high risk country [†] during the previous 12-months					
d. Holiday dialysis in a high risk country [†]					
†see over page for high risk countries and regions					
 Patients identified as high risk of CPE must have 3 sets of screening specimens collected at least 48 hours apart for example on day 1, day 3 and day 5 					
At least one screening set should include a stool specimen					
 Patients must only be moved out of isolation after discussion with the Infection Prevention and Control Team 					
3 If patient has history of CPE manage as positive and start the Initial Checklist for Confirmed CPE					
4 If patient is not at high risk of CPE (point 2 above) and unless the patient requires isolation for other reasons apply standard precautions whilst waiting for screening results					
Signature Designation D		Date	Site	Ward	

see Risk Factors for CPE Colonisation and High Risk Countries and Regions on page two

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Risk Factors for CPE Colonisation

There is strong evidence that cross-border transfer of patients is associated with a risk of CPE transmission when:

- Patients are transferred from hospitals in areas with high rates of CPE
- · Patients have received recent medical care abroad in areas with high rates of CPE

The risk is greatest in direct hospital transfers and those patients with:

- Intensive care admission and prolonged hospital stay
- · Complicated surgical problems
- Trauma / burns / combat injuries
- Underlying immunosuppression (particularly transplantation)
- Indwelling devices or wounds
- Exposure to broad spectrum antibiotics including carbapenems, fluoroquinolones, cephalosporins and anti-pseudomonal penicillins

Healthcare Associated CPE and Community Acquired CPE are known to be prevalent in the following High Risk Countries and Regions

- Note that the following list is not exhaustive
- Community Acquired CPE is of particular concern in India, Pakistan and Bangladesh
- · Admission to any healthcare facility abroad should be considered when making a risk assessment
- Lack of data from a country or region not included in the list may reflect lack of reporting or detection rather than lack of a carbapenemase problem and underestimate prevalence of CPE

United Kingdom

London

North West England

Other Countries and Regions

- Balkan States
- Bangladesh
- Central America
- China
- Columbia
- Crete
- Cyprus
- France
- Greece

- India
- Ireland
- Israel
- Italy
- Japan
- Malta
- Middle East
- North Africa
- Pakistan

- Poland
- Puerto Rico
- South America
- South East Asia
- Spain
- Taiwan
- Turkey
- USA