Multi-Resistant Gram Negative Rods (ESBLs and CRs)
Organisms requiring contact precautions

What are multi-resistant gram negative rods?
Multi-resistant gram negative rods are bacteria that have developed resistance to common antibiotics. You may hear these organisms called extended spectrum beta-lactamase-producing gram negative rods (ESBLs) or carbapenem-resistant gram negative rods (CRs). These organisms can cause serious infections in the blood, the surgical wound, and the urinary tract.

How are ESBLs and CRs spread?
These organisms may be spread by contact with colonized people (those showing no symptoms) or infected people, and through contaminated shared objects, surfaces, and equipment. Examples of objects that might spread ESBLs and CRs include towels, soap, wound dressings, bandages, soiled sheets, clothing, etc.

In the hospital, the hands of health care workers may also spread these germs to patients. Please tell your health care provider if you know that you are colonized or infected with a multi-resistant gram negative rod.

Who is at risk for infection by ESBLs and CRs?
You may be at risk of developing an ESBL or CR infection if you:

- Have a severe illness.
- Are a senior citizen.
- Have had previous exposure to antibiotics.
- Have underlying diseases or conditions, particularly such as chronic renal disease, insulin-dependent diabetes, peripheral vascular disease, and dermatitis or skin lesions.
- Have had invasive procedures, such as dialysis, invasive devices, or a urinary catheter.
- Have repeated contact with the health care system.
- Have had other drug-resistant infections.
How are ESBLs and CRs diagnosed?
A sample from the infected or colonized site is sent to the laboratory for identification. Laboratory tests determine which antibiotics can be used for treating the infection.

How are others protected from ESBLs and CRs?
- Wash hands with soap and water or using an alcohol hand gel often, especially after using the bathroom and before eating. Caregivers should wear gloves and wash their hands after changing bandages or touching the infection. Towels used for drying hands after contact should be used only once.
- Change and wash sheets and towels often with hot water. Dry clothes in a hot dryer to kill bacteria.
- Clean bathroom surfaces, kitchens and other areas on a regular basis. Use a solution of 1 tablespoon household bleach mixed in 1 quart of water, which must be prepared fresh each day. Or, use a phenol-containing store-bought cleaning product such as Lysol® or Pine-Sol® to kill multi-resistant gram negative rods.

What does it mean to be in contact precautions?
At University of Washington Medical Center, we place a “Contact Precautions” sign near the doorway of your room to alert health care workers and your visitors to observe expanded precautions when caring for you or when touching items in your room.

Health care workers and caregivers wear gowns and gloves when providing care.

Hand washing for 15 seconds, using alcohol hand gels, and environmental cleanliness are emphasized.

You will be asked to stay in your room unless you need to go to other departments in the hospital for treatment. If you leave your room, you will be asked to wash your hands and to wear a yellow gown and gloves.

Please do not use the nutrition rooms while you are “in isolation.” When you want a snack or ice water, ask a member of your health care team to bring it to you.

When can contact precautions be stopped?
Contact precautions can be stopped when you are no longer taking antibiotics and cultures taken on 2 separate days reveal that you no longer have an ESBL or a CR infection. These cultures may be obtained from the previously infected site, or in some cases, they may be obtained from stool samples.