

Multi-Resistant Gram Negative Rods

Illnesses requiring contact precautions

This handout describes multi-resistant gram negative rods and who is at risk for getting them. It explains how these diseases can be spread and how to keep others from getting them.

What are multi-resistant gram negative rods?

*Multi-resistant gram negative rods are bacteria that have become resistant to common antibiotics. These bacteria may be called *extended spectrum beta-lactamase-producing gram negative rods (ESBLs)* or *carbapenem-resistant gram negative rods (CRs)*. These bacteria can cause serious infections in the blood, the surgical wound, and the urinary tract.*

How are ESBLs and CRs spread?

These bacteria may be spread by having contact with:

- Someone who is *colonized* (does not have any symptoms)
- Someone who is infected
- Objects, surfaces, and equipment

Towels, soap, wound dressings, bandages, soiled sheets, and clothing are some of the objects that might spread ESBLs and CRs.

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



ESBLs and CRs can be spread by touching towels and soap that have been used by someone who is colonized or infected.

Who is at risk for infection?

You may be at risk of getting an ESBL or CR infection if you:

- Have a severe illness
- Are a senior citizen
- Have taken antibiotics in the past

- Have conditions such as insulin-dependent diabetes, chronic renal disease, peripheral vascular disease, dermatitis, or skin lesions
- Have had invasive procedures such as dialysis, invasive devices, or a urinary catheter
- Have repeated contact with the healthcare system
- Have had other drug-resistant infections

How are ESBLs and CRs diagnosed?

A tissue sample from the infected or colonized site is sent to the lab. Lab tests also show which antibiotics can be used for treating the infection.

How can we protect others from the bacteria?

- Wash your 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.
- Use towels for drying hands only once, then wash. Change and wash sheets and towels often with **hot** water. Dry clothes in a **hot** dryer.
- Clean bathroom surfaces, kitchens, and other areas often. Use a solution of 1 tablespoon household bleach mixed in 1 quart of water. This must be made fresh each day. Or, use a cleaning product that contains phenol, such as Lysol or Pine-Sol.

What does it mean to be in contact precautions?

At UWMC, we place a “Contact Precautions” sign near the door of your room. This sign tells staff and visitors to follow certain precautions when they care for you or touch items in your room.

- Hospital staff will wear gowns and gloves when giving care.
- **We emphasize hand washing for 15 seconds, using alcohol hand gels, and environmental cleanliness.**
- We will ask you to stay in your room unless you need to go to other areas of the hospital for treatment. If you leave your room, we will ask you to wash your hands and wear a yellow gown and gloves.
- Please do **not** use the nutrition rooms. When you want a snack or ice water, ask a member of your care team to bring it to you.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Infection Prevention:
206.598.6122

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 show that you no longer have an ESBL or a CR infection. We may take these cultures from the site that was infected or from a stool sample.