THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160 PHYSICIAN'S ORDER FORM	Do not write in this box DT0017	PATIENT LABEL

DATE & TIME	#	ORDERS BURN CENTER INFECTION CONTROL ACTIVE SURVEILLANCE
	1.	Upon admission or transfer to the Burn Center **and every Wednesday** thereafter if initial culture was obtained **less than 72** hours prior **and** the results were **negative:**
		• Obtain Nares culture to rule out MRSA (use same swab for both nares).
		• Obtain Perirectal culture to rule out VRE.
		• Obtain Wound culture if any open wounds to rule out VRE & MRSA (use same swab).
		• Obtain Sputum culture to rule out Acinetobacter if patient producing sputum (*admission only*).
		• Place patient in Contact Precautions on admission or transfer
	2.	For negative cultures as confirmed by the Infection Control: • Discontinue isolation if all cultures return negative as confirmed by the Infection Control Team
	3.	Restart isolation if any cultures return positive during surveillance as confirmed by the Infection Control Team.
	4.	For any positive cultures: • Discontinue culture surveillance • Continue isolation until discharge

Physician Signature: _____ Pager: _____

BURN CENTER INFECTION CONTROL ACTIVE SURVEILLANCE