

Temple Street Screening Programme for Resistant Bacteria Information Sheet

The five “W”s of screening for resistant bugs

What is screening?: Resistant bugs (bacteria, or “germs”) are increasing across the world and we need to find ways to beat them. One way to do this is testing (e.g. screening) to see if patients are carrying the bugs on their skin or in their bottoms. We look for common resistant bugs such as MRSA. Screening is part of the normal care of your child when in hospital.

Who performs the screening?: The nurse on the ward or Emergency Department at the time of admission does the screening. It involves nose, skin or rectal swabs. There are no risks associated with screening and your child won't feel any pain. Sometimes, they can be upset when they have their nose swabbed but should settle down quickly afterwards.

When does screening happen? It happens on admission and weekly thereafter for children in specified wards. From time to time, additional screening may be carried out on the instruction of the Infection Control Department. You can speak with your nurse to see if screening is done in your ward

Where does screening happen? Only certain patients get screening done for resistant bugs. These include patients in ICU, neonatal high dependency area, patients transferred from other hospitals and transplant patients.

Why do we perform screening? This is done to help identify if a particular child has resistant bugs so that we can ensure the right choice of antibiotics are given if the child gets an infection. It also helps us to identify children that need to be isolated in a single room so as to reduce the risk of the resistant bug spreading to other children. Your doctor or nurse will explain to you if this is required.



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