



Introduction

MULTIDRUG-RESISTANT ORGANISMS (MDRO) MANAGEMENT GUIDELINES
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Management of Multidrug-Resistant Organisms in Healthcare Settings (2006)

AT A GLANCE

Introduction from the Management of Multidrug-Resistant Organisms in Healthcare Settings Guidelines (2006).

Introduction

Multidrug-resistant organisms (MDROs), including methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin-resistant enterococci (VRE) and certain gram-negative bacilli (GNB) have important infection control implications that either have not been addressed or received only limited consideration in previous isolation guidelines. Increasing experience with these organisms is improving understanding of the routes of transmission and effective preventive measures. Although transmission of MDROs is most frequently documented in acute care facilities, all healthcare settings are affected by the emergence and transmission of antimicrobial-resistant microbes. The severity and extent of disease caused by these pathogens varies by the population(s) affected and by the institution(s) in which they are found. Institutions, in turn, vary widely in physical and functional characteristics, ranging from long-term care facilities (LTCF) to specialty units (e.g., intensive care units [ICU], burn units, neonatal ICUs [NICUs]) in tertiary care facilities. Because of this, the approaches to prevention and control of these pathogens need to be tailored to the specific needs of each population and individual institution. The prevention and control of MDROs is a national priority – one that requires that all healthcare facilities and agencies assume responsibility (1, 2). The following discussion and recommendations are provided to guide the implementation of strategies and practices to prevent the transmission of MRSA, VRE, and other MDROs. The administration of healthcare organizations and institutions should ensure that appropriate strategies are fully implemented, regularly evaluated for effectiveness, and adjusted such that there is a consistent decrease in the incidence of targeted MDROs.

Successful prevention and control of MDROs requires administrative and scientific leadership and a financial and human resource commitment (3-5). Resources must be made available for infection prevention and control, including expert consultation, laboratory support, adherence monitoring, and data analysis. Infection prevention and control professionals have found that healthcare personnel (HCP) are more receptive and adherent to the recommended control measures when organizational leaders participate in efforts to reduce MDRO transmission (3).

READ NEXT
Background



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