## Healthcare Associated Infections Risk Assessment

### Part A: Admissions assessment (must be completed on day of admission)

1. **Ward / Area:**

2. **Date:**

3. **Patient Name:**

4. **Patient NHS number:**

5. **Is this patient an infection risk?**
   - Yes
   - No
   - *(please tick)*

6. **If Yes, name of organism / infection:**

7. **Has the patient been exposed to others with infection e.g. diarrhoea and vomiting?**
   - Yes
   - No
   - *(please tick)*

8. **If Yes, name of organism / infection:**

9a. **Does the patient meet the MRSA admission screening criteria?** *(See overleaf and refer to policy)*
   - Yes
   - No
   - *(please tick)*

9b. **If Yes, have MRSA swabs been taken?**
   - Yes
   - *(please tick)*

**Signature of nurse completing assessment:...........................................  Date:............................**

### Part B: Transfer / Discharge assessment (must be completed prior to transfer / discharge)

1. **Transfer / Discharge to:**

2. **Date:**

3. **Is this patient an infection risk?**
   - Yes
   - No
   - *(please tick)*

4. **If Yes, name of organism / infection:**

   If yes, ensure information is recorded on discharge / transfer documentation

5. **Has the patient been exposed to others with infection e.g. diarrhoea and vomiting?**
   - Yes
   - No
   - *(please tick)*

6. **If Yes, name of organism / infection:**

   If yes, ensure information is recorded on discharge / transfer documentation

**If answer yes to 3 and 5 above please complete sections below**

7. **Is the patient aware that they may be an infection risk?**
   - Yes
   - No
   - *(please tick)*

8. **Is the receiving facility aware of the risk**
   - Yes
   - No
   - *(please tick)*

9. **Other relevant information:**

   Please ensure information is recorded on discharge / transfer documentation

**Signature of nurse completing assessment:...........................................  Date:............................**

---

Please refer to Trust Infection Prevention and Control Policies for further guidance on managing patients with infections and reducing the risks of cross infection.
MRSA Admission Screening Criteria

- Patients with a previous history of MRSA
- Patients that have undergone surgical procedures within the last month
- Patients admitted from another hospital facility
- Patients admitted from a nursing/residential care home facility
- Intravenous drug user
- Patients who self-harm (breaking the skin within the last month)
- Patients with chronic wounds e.g. leg ulcers
- Patients with indwelling devices e.g. urinary catheters