



CRE/KPC PATIENT INFORMATION SHEET FOR CARBAPENEMASE-PRODUCING BACTERIA

One of your tests (cultures) show that you are carrying a bacteria (germ) that is an antibiotic-resistant organism. This means that antibiotics can't kill the germs easily. The bacteria you are carrying are resistant to several antibiotics, including strong ones called Carbapenems, often used to treat infections with these bacteria. Therefore these bacteria are referred to as KPC or CRE (short for *Klebsiella pneumoniae carbapenemase*, or Carbapenem-resistant Enterobacteriaceae). This is also known as being KPC or CRE "positive." At UVA the name we use for these bacteria is CRE. Hospital staff will now use special precautions when taking care of you. This information sheet may help you and your family understand what this means.

WHAT IS AN ANTIBIOTIC-RESISTANT GERM?

Antibiotics are medicines that are used to kill the germs (bacteria) that cause infections. An antibiotic resistant germ is not killed by the usual antibiotics. If an antibiotic resistant germ causes an infection, then a stronger drug must be used.

WHAT IS CRE?

These are bacteria (germs) that normally live in most people's bowels (gut), though sometimes they can cause infections. Some of these bacteria names are: *Klebsiella*, *Enterobacter*, *Serratia*, and *Escherichia coli*. Antibiotics often used to treat infections with these bacteria are called Carbapenems. The germs that cannot be killed by these antibiotics, are considered resistant to the antibiotics.

CAN IT BE HARMFUL?

These bacteria are normal gut germs that usually do not harm people and are needed to keep people healthy. But if the resistant type of these germs get passed to another part of the body, it can cause an infection. You can also be "colonized" with CRE. This means that these bacteria are living on your skin or inside your body, but are not causing an illness or infection.

HOW DID I GET CRE?

The main way you can get CRE is by having it spread to you from someone colonized or infected with one of these germs. This might be by direct touch (contact) with a person, or contact with things or surfaces in the room, such as bedrails, telephones, or other equipment that has CRE on it. You are more likely to get CRE if you have been very ill, have been in a hospital or nursing home, or have been on many antibiotics. Careful hand washing is the most important way to keep from spreading CRE to other patients. That is why all hospital staff, patients, and visitors must clean their hands and follow special precautions.

WHY ARE SPECIAL PRECAUTIONS NEEDED?

Special precautions are needed in order to prevent the spread of this organism to other patients in the hospital who are also ill and therefore more likely to develop an infection. At the University of Virginia Health System (UVA), patients with CRE will be placed on Contact Precautions, also known as Contact Isolation.

WHAT WILL BE DIFFERENT?

You will be asked to stay in your hospital room as much as possible. When you leave the room, wash your hands well (with soap and water or hand gel) and wear a cover gown. You may walk in the main East-West hallway. You should NOT walk up and down the unit hallway, visit other patient rooms, or go to the common areas such as the cafeteria, dayroom, gift shop or nurses station. Signs will be placed outside the room to remind everyone about the special precautions.

People who are taking care of you will wear gowns and gloves to prevent them from picking up the CRE and taking it to other patients. Visitors must also follow isolation precautions to minimize spread within the environment. It is very important for all staff and visitors to clean their hands when they come in and when they leave your room. Please wash your hands carefully after going to the bathroom and before eating.

WHAT ABOUT FAMILY AND VISITORS?

You may still have visitors. They must wash their hands when they come in and when they leave. They must put on gowns and gloves too. If you have a Care Partners, your nurses may talk with them about a way to stay in the room without gown or gloves.

WHAT WILL HAPPEN WHEN I LEAVE THE HOSPITAL?

If you go to another hospital or nursing home or if you go to a doctor's office, clinic, dentist or have visits from home health, some precautions may still be taken. This is to prevent your care givers from picking up the germ and spreading it to other patients. Good hand washing is very important to reduce the risk of spread.

WHAT ABOUT AT HOME?

Once you leave the hospital and go home, you can return to your normal routine including going out in public because many activities in the community involve less risk for transmission and because the risk of CRE infection is low in healthy adults and children. No special cleaning of laundry or dishes is needed. Remind everyone to wash their hands often. You should wash your hands before you eat and after you go to the bathroom. If anyone is sick at home, you should check with their doctor to see if any special precautions are needed to protect them from CRE.

WILL THIS GO AWAY?

Sometimes our bodies will eventually clear themselves of CRE by their natural healing and cleansing action. You may be checked regularly to see if you are shedding CRE from your bowels. There are medicines to help treat CRE infection, but there is no medicine to help CRE colonization go away more quickly.

HOW CAN I HELP?

If you need care from a doctor, hospital, home health provider, therapist, or other caregiver, please tell them you are CRE positive. They may choose to use special precautions when caring for you as well.

WHAT IF I AM ADMITTED TO THE HOSPITAL AGAIN?

Whenever you are admitted to UVA hospital, you will be placed in a single room (or a room with another patient with the same germ), and you will be cared for with Contact Precautions. Follow-up tests (cultures) may be done to check if the CRE is still present.

HOW DO I GET OFF ISOLATION?

Patients with CRE remain colonized for weeks to months and there is no medicine to help make it go away sooner. We do not have a protocol for follow-up culturing to clear CRE isolation status, because there is currently no proof of successful clearance of CRE. We may order follow-up cultures during inpatient stays to assess your ongoing colonization, but at this time you will not be able to come off Isolation based on follow-up culture results. We hope this will change as more studies are done on CRE.

If you are out of the hospital and have any questions, please call UVA Infection Control at (434) 924-0260 and ask for the Outpatient Infection Control Nurse.

WASH YOUR HANDS OFTEN AND WELL