

**Patient
Information**

Advice for patients with Multi-Drug Resistant Organisms (MDRO)

Introduction

You have been told that you are colonised with, or have an infection with a multi-drug resistant organism. The information in this leaflet answers some of the commonly asked questions about this condition.

What are multi-drug resistant organisms (MDROs)?

Multi-drug resistant organisms are bacteria (germs) that have become resistant to certain commonly used antibiotics. *E. coli*, *Klebsiella*, *Pseudomonas*, *Enterococci* and *Acinetobacter* are examples of bacteria that can be multi-drug resistant.

These bacteria can cause infections in the same body site as non-resistant bacteria, such as urine, chest, wound and blood stream infections. However, the difference is that if you develop an infection with a multi-drug resistant organism, the choice of antibiotic to treat your infection is more limited.

You may not need antibiotic treatment if you do not have an active infection but are 'colonised' with a multi-drug resistant organism. Colonisation means that the bacteria is present, perhaps in the bowel (gut) or on the skin, but is not causing infection. However, if the MDRO has caused an infection then the antibiotics you will need will be discussed by your doctor with a Consultant Microbiologist.

How did I get a MDRO?

Multidrug resistant bacteria can be picked up in the same way as other bacteria so it is difficult to identify when or where you picked it up. These MDROs can be found in the gut or on skin, they also live in the environment on surfaces, in soil and in water. This means that they can be picked up through person-to-person contact, sharing personal items with someone with a MDRO, through contact with contaminated surfaces or as a result of wounds being contaminated.

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There is an increased chance of picking up these bacteria if you have been a patient in a hospital abroad or had frequent or long hospital stays and if you have needed repeated courses of antibiotics.

How will my hospital stay be affected?

Ideally all patients who are found to have a MDRO will be nursed in a single room and staff will wear gloves and aprons when they care for you (isolation precautions). Sometimes a single room may not be immediately available. If this is the case, the staff looking after you, together with the Infection Prevention and Control Team, will carry out a risk assessment to decide the best course of action. Some risk factors, such as diarrhoea, an open wound, dry or flaky skin, a drip or urinary catheter, or if you require lots of care or interventions by staff will mean you are prioritised for a single room.

For some types of MDRO, or if you are at higher risk of having a MDRO you may be asked to provide a number of samples to send to the laboratory to check if you are carrying (colonised) or have an infection with the bacteria. The samples might include swabs from any wounds, a rectal swab or a sample of faeces.

Having a MDRO will not restrict you from receiving any medical care that you need.

How can the spread of MDROs be prevented?

In hospital, isolation precautions will be followed to prevent the spread of MDRO among vulnerable patients, many of whom may have severe underlying medical problems and are at increased risk of infection.

Effective environmental cleaning and good hand hygiene by all staff, patients and visitors, can reduce the risk of significant spread.

Staff will wear gloves and aprons when attending to your personal care needs. All healthcare staff will wash their hands with soap and water or use alcohol gel before entering and on leaving your room.

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It is very important that you wash your hands thoroughly with soap and water after visiting the toilet and before eating (staff will help you if needed).

You should avoid touching any wounds or medical devices such as intravenous drips or catheters (if you have any). Having a MDRO will not affect your discharge and you will be discharged home when your general condition allows.

Can I still have visitors?

MDRO is not a problem for fit and healthy people, therefore family and friends can visit. The general advice for visiting is:

- Relatives, friends and other visitors who are feeling unwell should not visit.
- Visitors who have had a recent infection or illness should seek advice from nursing staff before visiting.
- Children and babies are more prone to any type of infection and are advised not to visit.
- Visitors should follow instructions from nursing staff before entering your room.
- Visitors and relatives can still touch you (for example, hold your hand or give you a hug).
- Visitors do not need to wear gloves or aprons unless they are helping you with personal care such as washing.
- Visitors should clean their hands before entering and on leaving your room. This will help to prevent the bacteria from spreading.

What happens when I leave hospital?

After discharge from hospital a MDRO should not affect you, your day-to-day life or your family.

It is very important that you make sure you complete the course of antibiotics if these have been prescribed for you to take at home. Hospital staff will tell your GP about your result when you are discharged from hospital.

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Hand-washing is very important to prevent bacteria spreading, so you should wash your hands well after going to the toilet and before eating. Any person who is looking after your personal care (washing and toileting) should also regularly wash their hands. It is not necessary for your family members to wear aprons and gloves at home.

You should make sure your toilets and bathrooms are regularly cleaned with your usual household cleaning products.

You can wash crockery, cutlery and kitchen utensils as normal. Clothes and bed linen can be washed as normal, at the hottest temperature suitable for the fabric.

You can continue with leisure and social activities as normal. If you have any concerns, please contact your GP for advice.

What if I need to go back into hospital or go to hospital as an outpatient?

If you are admitted back into hospital or go to hospital as an outpatient, it is important that you let the staff caring for you know that you are known to have had a MDRO. This will make sure that you receive the best care, the correct antibiotics and to reduce the risk of you developing an infection.

It may be helpful to take this leaflet with you to show the clinical team.

You may want to use the box below to make notes for future use:

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Further information

If you are unsure about any of the information in this leaflet please ask a member of the ward staff to explain in more detail. A member of the Infection Prevention and Control Team can also come to visit you while you are in hospital to answer any questions you may have.

Contact information

Gloucestershire Hospitals NHS Foundation Trust
Infection Prevention and Control Team

Tel: 0300 422 6122

Monday to Friday, 9:00am to 4:00pm

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85

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<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>