AHCA/NCAL Clinical Scenario Teaching Tool – Candida Auris

Clinical Scenario – Outbreak

Mr. Collins, aged 64, was admitted to Clearbrook Care Center's short stay unit following a lengthy hospitalization. His History & Physical indicate that he spent 3 weeks in the Intensive Care Unit (ICU) following a myocardial infarction (also known as a heart attack) with heart failure. Procedures included cardiac bypass surgery with the use of invasive devices to help his heart recover from the injury. Unfortunately, during the hospitalization, he developed a bone infection of the sternum that required a long course of IV antibiotics given through a peripherally inserted central catheter (PICC). When Mr. Collins took a turn for the worse, a urine culture was done, but showed only Candida species, not a urinary tract infection. Lab work upon discharge was within normal limits and cardiac rehab was also indicated. Other pertinent diagnosis includes gastroesophageal reflux disease (GERD), hypertension, hyperlipidemia, the recent myocardial infarction and type 2 diabetes mellitus.

On the day of admission to the short stay unit, he began having symptoms of extreme fatigue, but blamed it on the recent heart attack. MI. Vital signs on admission: Blood Pressure (BP) 136/76; apical pulse (AP) – 78; respirations (RR) – 16; oral temperature (T) – 98.7 and oxygen saturation at 96% on room air. Both physical therapy and occupational therapy screened him on the day of admission with a plan to begin therapy the next morning.

Mr. Collins was admitted to a room with a roommate. Since it was a short stay unit, the room was spacious, with an actual wall dividing the room in half. They shared a bathroom that included a sink, toilet, and shower with shower chair. His roommate was recovering from hip surgery and due to post-op issues with retention due to obstruction, an in-dwelling urinary catheter. He was in his second week of rehab, and hoping to discharge home soon, as his incision was healing nicely, and his mobility was improving. Both Mr. Collins and his roommate were on EBP, due to the presence of invasive devices.

On day 4 of Mr. Collins' stay the Infection Preventionist (IP) for the facility received a phone call from the discharged hospital. They wanted to inform the care center that prior to Mr. Collins' discharge, the urine culture had been positive for Candida species, which has now been identified as Candida auris. They recommended that the facility get in touch with the state epidemiologist, as well as the State Health Department for further direction.

Questions

1. **True or false – Candida auris has been around for many years, therefore, treatment modalities are easy to find.**
    a. True
    b. False

2. **Collecting a specimen to test for C. auris involves swabbing the axilla and the groin areas. The swab is then sent to the lab. Results can be expected in 1–2 weeks. What should the facility put in place during the time they are waiting for the results?**
    a. Contact Precautions
    b. Enhanced Barrier Precautions
    c. Standard Precautions

3. **Once C. auris has been diagnosed in a skilled nursing facility, what is the first step the Infection Preventionist should take?**
    a. Notify the Medical Director
    b. Notify the local or state epidemiology department
    c. Culture all residents for potential C. auris
    d. Notify all families of the outbreak

4. **In the scenario presented the length of precautions for Mr. Collins would be:**
    a. Until the next round of testing is completed
    b. Indefinitely
    c. Until treatment is completed for Mr. Collins
    d. Until Discharge
    e. A & B
    f. B & D
    g. All the above

5. **True or false – C. auris is easily killed, and most healthcare disinfectants will work to kill it on surfaces.**
    a. True
    b. False