**DEFINITION OF AUGMENTED CARE**

Augmented care units/settings – There is no fixed definition of “augmented care”; individual providers may wish to designate a particular service as one where water quality must be of a higher microbiological standard than that provided by the supplier. While this document provides broad guidance, the water quality required will be dependent on both the type of patient and its intended use. Most care that is designated as augmented will be that where medical/nursing procedures render the patients susceptible to invasive disease from environmental and opportunistic pathogens such as *Pseudomonas aeruginosa* and other alert organisms. In broad terms, these patient groups will include:

a. those patients who are severely immunosuppressed because of disease or treatment: this will include transplant patients and similar heavily immunosuppressed patients during high-risk periods in their therapy;

b. those cared for in units where organ support is necessary, for example critical care (adult paediatric and neonatal), renal, respiratory (may include cystic fibrosis units) or other intensive care situations;

c. those patients who have extensive breaches in their dermal integrity and require contact with water as part of their continuing care, such as in those units caring for burns.

This definition has been challenged;

1. Provided a Psuedomonas risk assessment has been conducted outpatient haemodialysis could be excluded (see references)
2. should include anywhere patients with long indwelling lines are being managed. This is increasingly occurring in the outpatient setting where staff may not appreciate the risks posed by water in causing line infections.