

MRSA ADULT CARE PATHWAY

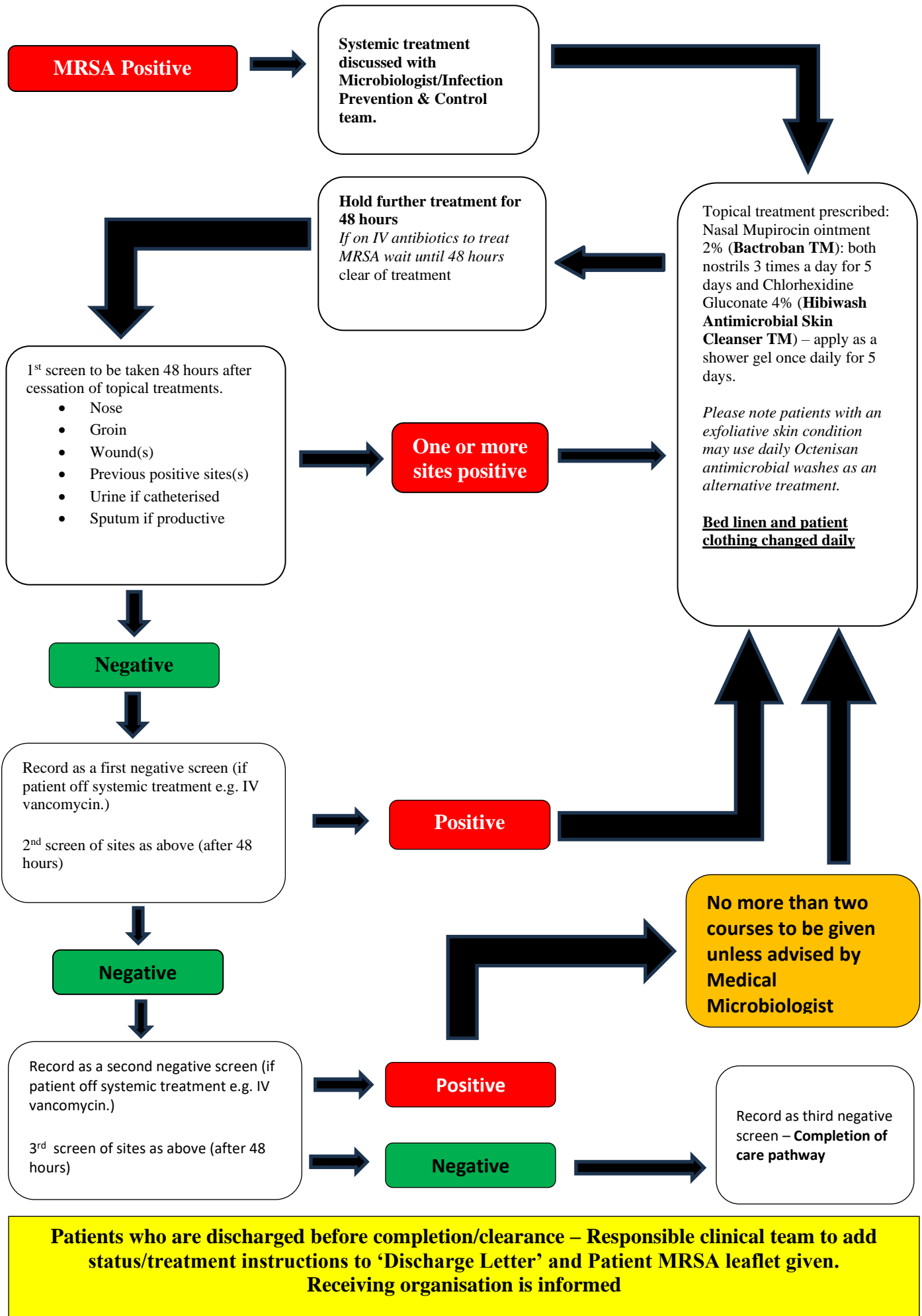
Affix patient label.

Inclusion Criteria:

All adult inpatients over the age of 16 years, newly diagnosed or repeat diagnosis of MRSA

ISOLATION RISK ASSESSMENT (to be completed for all patients)		Tick Box	
		Yes	No
1. Is patient in a critical care area?			
2. Does the patient have any exfoliative skin conditions? (eczema, psoriasis)			
3. Does the patient have MRSA in sputum and are they coughing?			
4. Is the patient in a surgical/oncology area?			
IF YES TO <u>ANY</u> OF THE QUESTIONS ABOVE, THE PATIENT SHOULD BE ISOLATED IN A CUBICLE WITH INFECTION PREVENTION AND CONTROL (IPC) CONTACT PRECAUTIONS.			
Patient informed of positive result.			
UHBW MRSA leaflet given to patient.			
Has the patient been isolated?			
Patient not isolated due to cubicle capacity reasons.			
Infection Prevention and Control isolation sign completed & displayed.			
Patient not isolated for clinical /safety reason.			
State reason:			
Discussed with IPC and documented in notes.			
Date of assessment:			
Signature/Stamp			

Flow Chart for patient SCREENING & TOPICAL treatment (Adults)



MRSA (METICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS) DECOLONISATION TREATMENT

TREATMENT APPLICATION INSTRUCTIONS

Nasal Mupirocin ointment 2% (Bactroban™)



Decontaminate hands.

Apply a small amount to little finger (or with gloved hand if healthcare professional/carer)



Apply to the inner surface of both nostrils

Press the side of the patient's nose together for a few seconds to allow the ointment to spread around the inside of the nostrils.



The patient should be able to 'taste' the mupirocin at the back of their throat if applied correctly.

Apply **three** times daily **for five consecutive days**

Chlorhexidine gluconate 4% Antimicrobial Skin Cleanser/wash (Hibiwash™) Shower/ Bed bath.



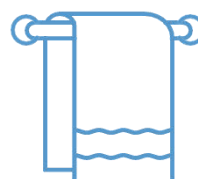
Wet skin

Apply undiluted antimicrobial wash to a single use cloth or wipe, paying particular attention to axillae, groin areas and skin folds.



Leave for at least 60 seconds

Rinse well



Dry with a **clean** towel

At least **twice** a week ensure that the patient has their hair washed with Chlorhexidine gluconate 4%.

SCREENING

Screening swabs are taken 48 hours after completion of topical and IV antibiotics which cover MRSA.

If first complete screen is negative a second screen can be taken 48 hours later. If second screen is negative leave 48 hours and screen again.

SCREENING RECORD CLEARANCE

- Screening swabs taken whilst patient is on topical or systemic treatment do not count towards a clear screen for clearance purposes.
- If a patient remains positive in any site/from any specimen/sample, document in Medical & Nursing Records & refer to flow chart for patient screening & topical treatment (page 3)
- Any patient (MRSA positive patient or not) in any Critical Care/HDU area should be screened weekly.
- Please follow UHBW Clinical Procedure [REDACTED] available on MyStaffApp. All patients require a review for MRSA screening on admission/or at pre-op clinic.
- Known previous positive patients require a FULL screen. (Nose/ groin, catheter specimen of urine, wounds, sputum/ BAL)

	Date	Signature/stamp
1 st negative clearance screen		
2 nd negative clearance screen		
3 rd negative clearance screen		

PATIENT DISCHARGE BEFORE COMPLETION OF TOPICAL THERAPY OR CLEARANCE SCREENS

- Patient is to **complete** course of MRSA topical treatment post discharge from hospital.
- Ensure patient has been given a UHBW MRSA leaflet.
- MRSA status and treatment plan **MUST** be indicated on discharge summary / letter to GP / Community Nurse.
- Receiving organisation is **informed** of MRSA status and treatment plan if discharge is to a care home or other hospital.

FAILURE TO DECOLONISE PATIENT

If MRSA clearance is not achieved with two courses of topical therapy, discuss with Infection Prevention & Control Team or microbiologist. An individualised care plan is then required.