

### **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	
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 ISOL CUBICLE WITH INFECTION PREVENTION AND CONTROL (IPC) CONTAPRECAUTIONS.		IN A	
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			

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### Flow Chart for patient SCREENING & TOPICAL treatment (Adults) Systemic treatment discussed with **MRSA Positive** Microbiologist/Infection **Prevention & Control** Hold further treatment for Topical treatment prescribed: 48 hours Nasal Mupirocin ointment If on IV antibiotics to treat 2% (Bactroban TM): both MRSA wait until 48 hours nostrils 3 times a day for 5 clear of treatment days and Chlorhexidine Gluconate 4% (Hibiwash Antimicrobial Skin Cleanser TM) – apply as a shower gel once daily for 5 1st screen to be taken 48 hours after cessation of topical treatments. Nose Please note patients with an Groin exfoliative skin condition One or more Wound(s) may use daily Octenisan antimicrobial washes as an sites positive Previous positive sites(s) alternative treatment. Urine if catheterised Sputum if productive **Bed linen and patient** clothing changed daily **Negative** Record as a first negative screen (if patient off systemic treatment e.g. IV vancomycin.) **Positive** 2<sup>nd</sup> screen of sites as above (after 48 hours) No more than two courses to be given unless advised by **Negative** Medical Microbiologist Record as a second negative screen (if **Positive** patient off systemic treatment e.g. IV vancomycin.) Record as third negative screen - Completion of 3rd screen of sites as above (after 48 care pathway **Negative** hours) Patients who are discharged before completion/clearance – Responsible clinical team to add status/treatment instructions to 'Discharge Letter' and Patient MRSA leaflet given. **Receiving organisation is informed**

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## **MRSA**

(METICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS)

## DECOLONISATION TREATMENT

# TREATMENT APPLICATION INSTRUCTIONS

Nasal Mupirocin ointment 2% (Bactroban TM)



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 (HibiwashTM) 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







Dry with a **clean** towel

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

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### **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 was 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 <sup>st</sup> negative clearance screen		
2 <sup>nd</sup> negative clearance screen		
3 <sup>rd</sup> 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.

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