MRSA Screening and Suppression Therapy

Debbie Smyth, Geoff Bellingan, May 2006

- Patients who are MRSA positive will be nursed on the open ICU using universal infection control precautions applied to all ICU patients.
- Patients who are MRSA positive and have another resistant infection (e.g. gentamicin resistant acineterbacter, infective diarrhoea, open TB etc.) or who need protective isolation for neutropaenia will be isolated.
- Stringent attention to hand washing/ use of alcohol hand gel is the single most effective defence against spread of MRSA within the ICU.
- The line infection control link nurses will be responsible for spot checks on hand hygiene using the 'Gloworm' and also to promote the MRSA screening policy (below).
- All admissions to ITU except elective post operative cases should be swabbed for MRSA.
 Swabs and specimens sent must be documented on CIMS. All patients will have a nasal swab only taken.
- All patients will have a body wash and hair wash (day 1) and nasal Mupirocin ointment if possible prior to any line insertion or procedures, if this is not possible due to the condition of the patient the torso and groins should be washed with neat chorhexidine (hibiscrub) and if possible the hair line prior to line insertion. Full body wash / hair wash should be undertaken as soon as possible when the patient stabilises and documented on the CIMS.
- Mon Friday 9-5 results should be available within 4 hrs, if negative cease further treatment, if positive continue Mupiricin TDS for 5 days and give further body wash daily and hair wash on days 3 and 5.
- Compliance with MRSA screening policy and the frequency of MRSA acquisition will be audited and presented every 6 months.
- Disposable curtains need not be changed between MRSA positive patients unless they have a further multi-resistant infection. Curtains should be dated and changed every three months.
- Other cleaning (walls, equipment etc is according to specific information found in the infection control manual.

MRSA screening swabs

- 1 Swabs should be taken from patients on:
 - · Admission
 - · Weekly every Tuesday
 - · Upon discharge from the ICU, even if one has been taken the previous day (i.e. even if the patient is discharged on a Wednesday.)
- 2 These swabs are taken from nose only.
- 3 Exception: Routine post operative surgical patients likely to stay <24 hours.