

Section: UTMB On-line Documentation	01.30.02 - Policy
Subject: Infection Control & Healthcare Epidemiology Policies and Procedures	
Topic: 01.30.02 – Nasal and Skin Decolonization for High-Risk Patients: Pediatric ICUs, Adult ICUs, Oncology/Transplant Units, Cardiothoracic & Orthopedic Surgical Units, and Dialysis	10.12.2022 - Revised 2018 - Author

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- Purpose** Sustained and/or transient carriage of potentially pathogenic bacteria in the nasal vestibule, including methicillin-resistant *Staphylococcus aureus* (MRSA) is recognized to contribute to the risk of healthcare-associated infections (HAIs). Reducing skin and nasal colonization has been shown to reduce HAIs.
- A. Patient Population Included:**
- High-risk patients over 2 years of age:
- Pediatric ICU
 - Adult ICU
 - Adult Oncology/transplant wards
 - Cardiothoracic & Orthopedic Surgical Units
 - All Patients undergoing CABG and Total/partial joint replacement
 - Dialysis Patients: with central lines used for hemodialysis, CRRT and apheresis.
- B. Standard of Care**
- Dialysis patients are excluded from the standard of care for Nozin administration as their treatment requires the use of mupirocin based on the results of their MRSA/MSSA screening. MRSA/MSSA screening is only required in all ICU and Dialysis patients. To perform screening, nursing will collect the specimen by swabbing anterior nares and send swab to Microbiology for processing. The result of the screening will be available in the Results section of the patient’s EPIC record. ICU patients will continue to be screened for MRSA/MSSA colonization for surveillance purposes.
- Administration of Nozin to the remaining patient population indicated above is considered standard of care, does not require a MRSA/MSSA screening and does not require a provider’s order to initiate. The EHR will automatically schedule documentation prompts for the nurse in these care areas to document Nozin use.
- C. Isolation**
- No MRSA/MSSA isolation precautions will be required for patients with positive nasal colonization but have no signs of infection. Contact Isolation is only required for those patients who: (i) have been confirmed, by laboratory test (wound, sputum, etc. culture) to have active MRSA infection.

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- D. Nasal Decolonization by Nursing**
1. **All High Risk Patients listed in section A, with the exception of dialysis patients who screen positive for MRSA/MSSA, see item 2 below:**
 - a. Nozin will be applied intranasally per package instructions every 12 hours for the duration of inpatient stay for a maximum of 30 days. Exception is dialysis catheters (see below). No physician order is required.
 2. **Patients with dialysis catheters (who screen positive for MRSA/MSSA, see appendix B) and those with Nozin use of more than 30 days who still remain in the unit:**
 - a. 5-day course of intranasal mupirocin (Bactroban), applied twice daily, will be recommended.
 - b. The use of mupirocin will require a physician's order
 3. **Nursing documentation:** Daily documentation of each dose Nozin or mupirocin will be placed in EPIC
- E. Skin Decolonization by Nursing**
1. All high risk patients, listed in section A above, will receive daily chlorhexidine gluconate (CHG) body washes unless contraindicated due to allergy.
 - a. Non-ambulatory patients will be washed with CHG impregnated wipes by the nursing staff.
 - b. Ambulatory patients who can shower should be instructed to first wet their body with shower water, then apply CHG soap solution to wet wash cloth, and then scrub the whole body with the wash cloth, followed by shower with water.
 2. Nursing documentation: Daily documentation of ongoing CHG washes will be placed in EPIC.
- F. Instructions for use of CHG (Hibiclens):**
1. If patient has any open skin areas, they should check with a nurse before using CHG to shower or bathe.
 2. If patient plans to wash his/her hair, they should do so using regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.
 3. Thoroughly rinse the body with water from the neck down.
 4. Apply CHG directly on the skin or on a wet washcloth and wash gently. If showering: Move away from the shower stream when applying CHG to avoid rinsing it off too soon.
 5. Rinse thoroughly with warm water.
 6. Do not use regular soap after applying and rinsing CHG.
 7. Dry the skin with a towel.
 8. If lotions are required, use only those that are compatible with CHG.
 9. Put on a freshly laundered gown or clothes after bathing.

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Use only as directed. Read the product label for full product information and precautions.

Generic 4% Chlorhexidine is equivalent to HIBICLENS and is less expensive.



Appendix A

Nozin Application: Instructions for twice daily intranasal Nozin application.

Instructions for PopSwab:

Preparation Instructions:

➤ Use ONLY with sleeve on ampule.

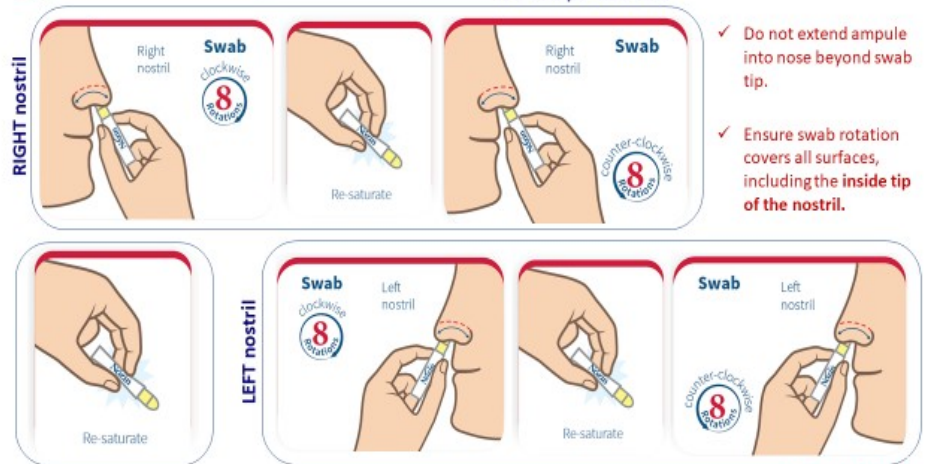


1. **Shake** ampule vigorously for 5 seconds.
2. Remove cardboard sleeve from ampule, reverse and fully **reinsert** ampule into sleeve with swab tip exposed. Avoid touching swab tip with fingers.
3. At center of sleeve, squeeze firmly at blue dot to **crack** inner ampule and release liquid into swab tip.
4. Holding ampule tip down squeeze repeatedly to **saturate** the swab tip.

Daily Decolonization

Application Instructions:

Rotations per nostril: 16



- ✓ Do not extend ampule into nose beyond swab tip.
- ✓ Ensure swab rotation covers all surfaces, including the inside tip of the nostril.

Caution:

- Do not extend in nose beyond swab tip. Apply to skin inside anterior nares only. Do not use if patient has allergy to citrus.
- Do not extend in nose beyond swab tip. Apply to skin inside anterior nares only. Do not use if patient has allergy to citrus.

Appendix B

