01.30.02 – Skin and Nasal Decolonization for Adult ICUs, Oncology/Transplant Units and Dialysis

Purpose

To prevent *Staphylococcus aureus* infections in patients with high-risk factors who are nasally colonized with methicillin-sensitive isolates (MSSA) or methicillin-resistant isolates (MRSA).

A. Patient Population Included:

Patients in ICU and oncology/transplant wards, and patients with central lines used for hemodialysis, CRRT and apheresis.

B. Process for Obtaining and Processing Specimen

1. Nursing: Initiate order in EPIC for MRSA/MSSA by PCR (LAB002032) for physician to sign.
2. Nursing: Collect specimen by swabbing anterior nares and send swab to Microbiology for processing.
3. Clinical Microbiology Laboratory: process by PCR (alternative method if PCR is unavailable: culture for MSSA and MRSA).
4. The result will be available in the Results section of EPIC record

C. Procedure for Notification of MRSA/MSSA Positive Samples

1. HCE staff will be notified from results in Sentri7
2. Charge nurse will be notified by HCE.
3. HCE staff will enter a progress note that a nasal surveillance test collected (date) was positive for (MRSA or MSSA). The staphylococcal decolonization protocol should be implemented unless medically contraindicated

D. Isolation

No MRSA/MSSA isolation precautions will be required for patients with positive nasal colonization but have no signs of infection.

E. Skin Decolonization by Nursing

1. Regardless of nasal screen results, all high risk patients, as in Item 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: Daily documentation of ongoing CHG washes will be placed in EPIC.
Nasal Decolonization by Nursing

1. Nozin will be applied intranasally per package instructions every 12 hours for the duration of ICU stay or duration of central catheters or until surgical wound has healed, for a maximum of 30 days. Exception is dialysis catheters (see below). No physician order is required.

2. For patients with dialysis catheters 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. The use of mupirocin will require a physician’s order (nurses may initiate the order for physician to sign).

3. Nursing: Daily documentation of each dose Nozin or mupirocin will be placed in EPIC.

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.

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.

Nozin

Instructions for twice daily intranasal Nozin application.
Application:

Instructions for PopSwab:

1. Remove ampule from its cardboard sleeve.
2. Flip ampule around to expose swab tip.
3. Reinsert ampule into sleeve, swab exposed.
4. Use only with sleeve on ampule. Shake well.
5. Crush on sleeve to pop. Squeeze to wet swab.
6. Swab around nasal vestibule 4X clockwise then 4x counterclockwise.
7. Squeeze ampule to resaturate swab.
8. Swab around SAME nasal vestibule again 4X in each direction.

Repeat steps 5 to 8 for the OTHER nasal vestibule. Discard ampule after use. Be sure to read entire package and all instructions prior to use.

Table for documenting outpatient application of Nozin.

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**ICU Nasal and Skin Decolonization Flow Diagram**

- Daily CHG bathing (with Sage wipes) for all patients throughout ICU stay.
- Nursing initiates order for MRSA/MSSA Screen by PCR, nares (LAB002032) in EPIC for physician to sign at admission.

**Swab Positive For Either MRSA or MSSA?**

**YES**
- No Isolation if patient only has nasal colonization with MRSA or MSSA
- Begin nasal decolonization as below

**NO**

**STOP**
- No further action required other than daily CHG bathing until discharge from ICU.

*If patient has clinical cultures positive due to infection with MRSA, contact precautions are required.*

**Does Patient Have A Dialysis Catheter?**

- Does not apply to AVFs or AVGs only, but does apply if AVF or AVG and a catheter are present
- Includes catheters used for CRRT (CVVHD), apheresis

**YES**

**START INTRANASAL MUPIROCIN**
- Twice daily for 5 days.
- Continue daily CHG bathing until discharge from the ICU
- Document each dose of Mupirocin in the MAR and CHG bath in EPIC in the *Daily Care Flowsheet*

**START INTRANASAL NOZIN**
- Twice daily and continue for duration of ICU stay.
- If in ICU >30 days, stop Nozin, and complete a 5 day course of intranasal Mupirocin BID
- Continue daily CHG bathing until discharge from the ICU
- Document each dose of Nozin and CHG bath in EPIC under *Daily Care Flowsheet*
Dialysis and Nasal Decolonization Flow Diagram

Patient with Dialysis Catheter Admitted to Your Unit
- Does not apply to patients with AVFs or AVGs ONLY (does apply if AVF or AVG and catheter present.)
- Includes patients undergoing CRRT (CVVHD) and apheresis

Ambulatory Patient
- Patient will shower daily with 4% CHG (chlorhexidine gluconate), which is Hibiclens, unless contraindicated due to allergy until discharge and nurse will document in EPIC.

Non-Ambulatory Patient
- Nurse will bathe patient daily with 2% CHG wipes (chlorhexidine gluconate) unless contraindicated due to allergy until discharge and nurse will document in EPIC.

Patient Goes for First Dialysis Treatment
- Dialysis nurse will initiate an order for MRSA/MSSA nasal PCR swab for physician to sign and collect specimen.
- Infection Control staff will notify charge nurse of positive swabs and enter progress note stating the Staphylococcal decolonization protocol should be implemented.

Nasal Swab Positive For Either MRSA or MSSA
- No isolation required for nasal colonization only*

Nasal Swab Negative For MRSA and MSSA

If patient has clinical cultures positive due to infection with MRSA, Contact Precautions are required.

*If patient has clinical cultures positive due to infection with MRSA, Contact Precautions are required.

START a 5-day course of mupirocin, applied twice daily, and document each dose in EPIC. Ensure nasal swab has been collected prior to starting mupirocin.
- Continue daily CHG skin cleansing until discharge from unit.

No Further Action Required other than daily CHG skin cleansing until discharge.

If mupirocin is not available, use intranasal Nozin twice daily.