01.30.03 – Skin and Nasal Decolonization for TDCJ

**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).

1. Patients in ICU
2. All Patients currently receiving chemotherapy.
3. All dialysis patients.
4. Other high risk patient populations as indicated by temporary or permanent (ie. tunneled) central lines, including dialysis catheters; and any surgical procedure involving skin incision that has not healed (cath lab patients are excluded).

**A. Patient Population Included:**

**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 under hygiene in EPIC.
F. 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 have ongoing central lines or non-healed surgical wounds, 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 will contact the physician to place the order.
   - Contraindications to the placement of Nozin
     - Nasal Obstructions
     - Heavy Bleeding
     - Burns in/or near nasal cavity
     - Ulcerations or open wounds in/or near nasal cavity

3. Nursing: Daily documentation of each dose Nozin or mupirocin will be placed under hygiene 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.
Application:

Instructions for PopSwab:

1. Remove ampule from its cardboard sleeve.
2. Flip ampule so swab tip is exposed.
3. Reinsert ampule into sleeve, swab exposed.
4. Use only with sleeve on ampule. Shake well.
5. Pop, squeeze:
   - Crush on sleeve to pop.
   - Squeeze to wet swab.
6. Apply:
   - Swab around nasal vestibule 4X clockwise.
   - Then 4X counterclockwise.
7. Resaturate:
   - Squeeze ampule to resaturate swab.
8. Apply:
   - 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 for all patients throughout ICU stay
- Nursing initiates order for MRSA/MSSA nasal swab in EPIC at admission.

Swab Positive for either MRSA or MSSA?

YES

- No Isolation if only has nasal colonization
- Positive for either MRSA or MSSA, begin nasal decolonization as below

NO

- No isolation or nasal decolonization if patient has no clinical infection

Presence of dialysis catheters?

YES

START Intranasal Bactroban BID x 5 Days
- Continue daily CHG bathing till discharge from hospital or dialysis catheter removed

STOP
No Further Action Required other than daily CHG bathing till discharge from ICU.

NO

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 Bactroban BID
- Continue daily CHG bathing till discharge from ICU

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

Department of Infection Control and Healthcare Epidemiology