Addressograph
Patient NHS No Patient Name

	1st Admission	2nd Admission
Clinical Area Consultant		

MRSA
Integrated Care Pathway

THIS DOCUMENT MAY BE USED FOR TWO SEPARATE ADMISSIONS

Is the patient following another Integrated Care Pathway?……………………..Yes / No

If yes, record which other Integrated Care Pathway/s is/are in use:

…………………………………………………………………………………………………
…………………………………………………………………………………………………

Inclusion Criteria
This Integrated Care Pathway is for use with known and newly diagnosed MRSA adult patients.

Exclusion Criteria
This Integrated Care Pathway is not for use with patients 16 years or younger. Contact Infection Control Team for risk assessment.

For further advice, please contact the Infection Control Nurses.

This Integrated Care Pathway is intended as a guide to care only and does not replace clinical judgement.

Integrated Care Pathway Document Information

Document Number:	002
Version control:	V05 April 2005
Review Date:	January 2006
Document created by:	ULHT Infection Control Team

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Signature Record

All members of staff who are using this Integrated Care Pathway should use **black ink** and complete this section. You can then use initials when recording care.

Print Name	Job Title	Bleep/Ext	Signature	Initials	Date
1st Admission					
2nd Admission					

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	Summary of colonisation details and initial actions	1st Admission Initials	Date	Time	2nd Admission Initials	Date	Time
1	The initial date the patient was identified as being colonised was ……………………. Site …………………						
2	The patients notes were labelled on………………………						
3	The nurse in charge of the ward is advised to follow the MRSA policy						
4	Does the patient have a resistance to any of the treatment, e.g. Mupirocin, Gentamicin? ☐ Yes ☐ No Comments:						

	Screening	1st Admission Yes Initial	No Initial	Date	Time	2nd Admission Yes Initial	No Initial	Date	Time
5	A full MRSA screen has been taken, labelled as per policy and submitted to microbiology.								

	Initial screening and results 1st Admission				
	Site of swab	Date swab taken	Result	Date of result	Initial
6	Nasal				
7	Groin				
8	Urine [if urinary catheter in situ]				
9	Wound [state site]				
10	IV1				
11	Peg Site				
12	Other [state site]				

	Initial screening and results 2nd Admission				
	Site of swab	Date swab taken	Result	Date of result	Initial
6	Nasal				
7	Groin				
8	Urine [if urinary catheter in situ]				
9	Wound [state site]				
10	IV1				
11	Peg Site				
12	Other [state site]				

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		1st Admission				2nd Admission			
	Communication	Yes Initial	No Initial	Date	Time	Yes Initial	No Initial	Date	Time
13	The Infection Control Team is informed of the patient's admission if previously identified as a carrier.								
14	If newly identified patient, Infection Control Nurse has labelled notes and provided information to ward staff, e.g. Booklets.								
15	The patient is informed of the isolation measures to be undertaken and the rationale. (see risk assessment page 10)								
16	The patient is given information leaflets to support this explanation e.g. pictorial pathway, MRSA and isolation leaflet.								
17	Does the patient have any questions? If yes, specify in patient's own words on Additional Information / Variance sheet.								
18	The patient agrees to be compliant with ICP. If no, liaise with the Infection Control Team and record patient reasons on the Additional Information sheet.								
19	A yellow "Standard Isolation" card is displayed at the entrance to the room. The lower portion of the card is completed and returned to the Infection Control Nurses. ☐ Not applicable								
20	The Domestic Team is informed to maintain high standard of ward cleaning.								
21	The medical team responsible for care decisions is informed of the patient's positive MRSA status.								
22	Medical team have discussed the antibiotic regime with microbiologist, if required. Medical team to ensure antibiotic levels are checked and reviewed as discussed with Consultant Microbiologist.								
23	Medications are prescribed. ☐ Patient Group Direction ☐ Doctor								
24	Prescribed medications are obtained from Pharmacy.								

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	Treatment / Decolonisation of positive patients	1st Admission Yes Initial	No Initial	Date	Time	2nd Admission Yes Initial	No Initial	Date	Time
25	The patient is isolated in a side room. ☐ Not appropriate for patient group, discussed with Infection Control Nurse.								
26	Universal precautions are in use i.e. gloves, aprons, hand hygiene solutions as per Trust policy.								
27	Skin and nasal decolonisation treatment to be given for 5 days as instructed on p.7. **NB nasal mupirocin 2% should not be used for more than 10 days in total**								
28	Superficial wounds treatment to be given for 2 days as instructed on p.7.								
29	The patient has a two day rest period from treatment. State dates……………………								
30	The next day the patient has a full re-screen ensuring swabs are taken as per policy.								
31	Treatment is recommenced. This treatment continues until a full negative screen is received. The Infection Control Team will advise the clinical area of a negative screen.								
32	Once a negative screen is received continue treatment until 3 consecutive full negative screens are received.								
	Screen 1 – state date………… patient is re-swabbed.								
	Screen 2 – state date………… patient is re-swabbed.								
33	**If patient is positive, continue treatment.**								
34	**If patient is negative, go to number 38 and re-integrate the patient onto the ward.**								

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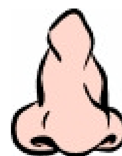
Guidelines for the treatment of patients who are skin carriers of MRSA

- Patients should bathe (bed bath/bath/shower) **for five consecutive days** with detergent Aquasept (2% Triclosan).
- Wash hair **twice** weekly with the same solution.
- Use as a liquid soap.
- Apply @ 30mls directly onto the skin using a wet disposable cloth.
- Pay particular attention to the **hair, around the nostrils, axillae, groins and feet**.
- Rinse – head to toe.
- Dry using a hospital towel – treat towel as infected linen.
- Clean bed linen should be provided after treatment.
- Hands of staff and carers should be decontaminated after this procedure.
- Treatment should continue until three consecutive negative swabs are obtained.



Applying nasal bactroban (Mupirocin 2%)

- A small amount of bactroban (about the size of a match head) should be placed on a cotton bud or on the little finger and applied to the inner surface of each nostril.
- Apply three times daily for five days (concurrently with Aquasept).
- The nostrils should be closed by pinching the sides of the nose together at each application (spreads the ointment throughout the nares).

Applying iodine impregnated dressings e.g. inadine

- To be used on superficial wounds.
- Apply twice daily on two consecutive days only then discontinue.
- If wound appears infected seek advice of tissue viability nurse.

References

British National Formulary, September 2002. British Medical Association, London.
United Lincolnshire Hospitals NHS Trust. Infection Control Policy

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	Treatment / Decolonisation checklist - 1st Admission							
	Start date of 5 day episode	Treatment	Site	Yes	No	Rest days State dates	Rescreen date	Results +ve / -ve
35		Aquasept Nasal Mupirocin Inadine	Nasal Groin Wound Other areas					
36		Aquasept Nasal Mupirocin Inadine	Nasal Groin Wound Other areas					
37	Comments							

	Treatment / Decolonisation checklist – 2nd Admission							
	Start date of 5 day episode	Treatment	Site	Yes	No	Rest days State dates	Rescreen date	Results +ve / -ve
35		Aquasept Nasal Mupirocin Inadine	Nasal Groin Wound Other areas					
36		Aquasept Nasal Mupirocin Inadine	Nasal Groin Wound Other areas					
37	Comments							

NB

- Nasal mupirocin 2% should not be used for more than 10 days in total.
- Iodine impregnated dressings e.g. inadine, to be used on superficial wounds twice daily for 2 consecutive days, then discontinue. If wound appears infected seek the advice of the tissue viability nurse.

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	Patient is integrated back into the clinical area	1st Admission Yes Initials	No Initials	Date	Time	2nd Admission Yes Initials	No Initials	Date	Time
38	The patient has had 3 consecutive negative screens or the Infection Control Nurse advises the patient is a low risk.								
39	The negative results and changes to care are explained to the patient.								
40	Does the patient have any questions? If yes, specify in patient's own words on Additional Information / Variance.								
41	Isolation nursing is discontinued.								
42	The patient washes and dresses in clean attire and goes to new room/area.								

	Patient is discharged back into primary care	Yes Initials	No Initials	Date	Time	Yes Initials	No Initials	Date	Time
43	Has receiving organisation been informed of MRSA status prior to discharge of patient?								
44	Has MRSA status been indicated on ☐ discharge summary ☐ GP letter?								

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Additional Information / Variance				
No.	**Identify the problem, cause of problem and action taken**	Initials	Date	Time
	1st Admission			
	2nd Admission			

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MRSA RISK ASSESSMENT TOOL FOR PLACEMENT OF PATIENTS WITHIN THE WARD AREA

All patients identified as being colonised / infected with MRSA should be nursed in a single room, however in the event of unavailability of single room accommodation please risk assess using the following guidance.

HIGH RISK

MRSA identified at the following sites:-

- Deep leaking wounds
- Gentamicin/Mupiricin Resistant MRSA
- Multiple wounds/pressure sores
- Dermatitis/other skin conditions
- Sputum
- Multiple body sites on screening
- Urine + urinary catheter in situ

IF POSSIBLE PATIENTS MEETING WITH ANY OF THE ABOVE CRITERIA SHOULD BE NURSED IN A SINGLE ROOM WITH FULL STANDARD ISOLATION PRECAUTIONS

MODERATE RISK

MRSA identified at the following sites:-

- Nasal only
- One or two superficial wounds, healing & covered with dressings
- One or two body sites i.e. groin/nasal
- One full site of negative screening swabs
- Patient able to be confined to bed area

IN THE ABSENCE OF SINGLE ROOM ACCOMMODATION, PATIENTS MEETING ANY OF THE ABOVE CRITERIA SHOULD BE NURSED IN A BAY AREA OF THE WARD NEXT TO A HANDWASH BASIN – AVOID PLACING NEXT TO PATIENTS WITH WOUNDS, IVIs, URINARY CATHETERS WHERE POSSIBLE.