MRSA Decolonisation

Decolonisation regimes are only 50 - 60% effective for long-term clearance, re-colonisation is common. Targeted short term decolonisation regimes are more effective in reducing the presence and shedding of Meticillin Resistant Staphylococcus Aureus (MRSA) and so reduces the risk of transmission. It will also reduce the risk of transmission into any wounds or indwelling devices.

All patients newly diagnosed with MRSA should be offered decolonisation therapy regardless of risk factors. In all other instances the decision to decolonise should be made using the MRSA Decolonisation Assessment Tool (see overleaf).

Routine screening is not required following decolonisation and should only be undertaken if indicated by risk assessment or at the request of acute care provider.

Where patients have eczema, dermatitis or other skin conditions, attempts should be made to treat the underlying skin condition.

Decolonisation Regime (unless contraindicated)

Skin Antiseptic Body Wash:

1. Octenisan - treatment of choice
2. Chlorhexidine 4%
3. Tricolsan 2%

Daily washes with antiseptic body wash (Octenisan) for five days.
Hair washed with antiseptic body wash twice in five day treatment period ie day 2 and 4.

Encourage daily change of flannel, towel and personal clothing and if possible, bedding.

Nasal Treatment

- Mupirocin 2% nasal ointment applied to both anterior nares three times daily for five days (apply a match head size amount each time). Mupirocin should not be used for prolonged periods or used repeatedly as resistance may be encouraged

Continued over...

- Naseptin (Chlorhexidine and Neomycin) should not routinely be used as first line treatment. Consider use if treatment failure or when Mupirocin resistance is identified

Please note:
It is the prescribing clinician's responsibility to assess whether decolonisation therapy is required or is appropriate.

MRSA Decolonisation Assessment Tool

Type of patient	Treatment advice
HIGH RISK All MRSA skin and/or nasal colonised patients identified from secondary care units, who have been discharged with surgical or chronic wounds or invasive devices (Peripheral, central or tunnelled IV lines, PEG, urinary catheter, tracheostomy) in the following categories: • Cardiothoracic Surgery • Vascular Surgery • Orthopaedic Surgery • Neurological Surgery • Implant Surgery • Renal Medicine • Oncology	**Patient discharged from secondary care on decolonisation therapy or discharged before therapy could be commenced:** • complete/commence course of treatment **Clinical signs of infection:** Discuss with Microbiologist.
INTERMEDIATE RISK MRSA colonised patients not included above with the following (primary or secondary care): • extensive/deep surgical or traumatic wounds or pressure ulcer/leg ulcer with MRSA colonisation/ infection • invasive devices ie PEGs, urinary catheters, tracheostomies • eczema or psoriasis with MRSA colonisation of the skin • immunocompromised patient • patients with wounds on immune suppressant drugs • extensive venous/arterial ulcers with or without diabetes • severe uncontrolled exudating oedema	**Patient discharged from secondary care on decolonisation therapy:** • complete current course of decolonisation therapy **Patient discharged before decolonisation therapy could be started:** • assess patient risk of bacteraemia **Primary care microbiology culture positive for MRSA:** • consider the potential for blood stream infection • complete 5 day course of decolonisation therapy if risk/identified
LOW RISK All other MRSA colonised patients with no wounds or invasive devices regardless of age or living accommodation.	**Patient discharged on decolonisation therapy:** • complete current course of decolonisation therapy **Patient discharged before eradication therapy started or diagnosed after discharge:** • decolonisation therapy not generally required. Review individual cases to ascertain if appropriate

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If you would like this information in another format or language, please contact the Your Experience Team on freephone 0800 694 5530. Alternatively you can email wcnt.yourexperience@nhs.net

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