

## Infection Control Care Plan for a patient with MRSA

Patient Demographic / Label

### Infection Control Care Plan for a patient with MRSA

**Statement:** This Care Plan should be used with patients who are suspected of or are known to have MRSA. This Care Plan should be followed to reduce the risk of transmitting MRSA to other patients, staff, carers and visitors. If it is not possible to follow this Care Plan, please notify a member of the Infection Control Team who will carry out a risk assessment on how best to care for this patient.

Date	No	Issue / Problem	Action to be taken	Ongoing Assessment / Review Date	Signature	Comment
	1	Accommodation	<ul style="list-style-type: none"> <li>Isolate the patient in a single room with <i>en suite</i> facilities. If <i>en suite</i> is not available ensure access to own commode.</li> <li>A risk assessment should be carried out by the clinical team to determine the suitability of the patient for isolation. If not suitable a daily review should be carried out and documented in case notes.</li> <li>Place an isolation sign on the outside of the door.</li> <li>Door must be kept closed. If this is not possible document the reason in the case notes daily.</li> <li>Patients can be removed from isolation when 2 full consecutive negative screens have been obtained at intervals of no less than 72 hours, beginning at least 48 hours after decolonisation therapy has been completed.</li> </ul>			
	2	Hand Hygiene	<ul style="list-style-type: none"> <li>Hand hygiene must be performed with liquid soap and water or alcohol hand gel after contact with the patient, their environment or equipment and on leaving isolation room.</li> <li>Use gloves to prevent hand contamination. Decontaminate hands after removal of gloves with liquid soap and water or alcohol hand gel.</li> <li>Ensure hand washing facilities are offered to patient especially after using toilet and prior to eating.</li> </ul>			
	3	Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> <li>Disposable yellow aprons and gloves must be worn for all direct contact with the patient or patient's environment/equipment.</li> <li>Gloves and yellow aprons are single use and must be disposed of into the clinical waste stream after use and then hands must be decontaminated with liquid soap and water.</li> </ul>			
	4	Decontamination of Patient Equipment	<ul style="list-style-type: none"> <li>Where possible, equipment such as chairs, hoist sling etc should be used by that patient only and kept in the</li> </ul>			

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			<ul style="list-style-type: none"> <li>room.</li> <li>If equipment is taken out of the room it must be cleaned with 1000ppm chlorine based detergent (10,000ppm if contaminated with body fluids/ blood).</li> <li>Keep items and equipment to a minimum in room.</li> </ul>			
Date	No	Issue / problem	Action to be taken	Ongoing Assessment / Review Date	Signature	Comment
	5	Specimens/Treatment	<ul style="list-style-type: none"> <li>IPCN will advise, National Screening to be followed..</li> </ul> <p><b>Specimens required :</b></p> <ul style="list-style-type: none"> <li>Anterior nares</li> <li>Perineum *</li> <li>Skin lesions/ wounds.</li> <li>Catheter sites, e.g. Central Venous Catheters,</li> <li>Hickman Lines , Catheter urine</li> <li>Sputum from patients with a productive cough.</li> <li>Umbilicus (neonates only)</li> <li>If patient refuses perineal screening they should be offered throat screening. Any modification to the standard screening should be recorded in the notes</li> </ul> <p><b>Treatment:</b></p> <ul style="list-style-type: none"> <li>Decolonisation therapy should be considered for patients who are MRSA positive.</li> <li>Treatment of Mupirocin resistant strains of MRSA will be advised by the ICT</li> <li>Colonised patients should receive 2 attempts at Decolonisation therapy. If unsuccessful, continued therapy should be discussed with Medical staff.</li> <li>Decolonisation therapy should be carried out for 5 days then stopped. Patient should be re-screened 48 hours after all treatment for decolonisation has stopped.</li> <li>See treatment and screen sheet for further advice. See page 4.</li> </ul>			
	6	Linen	<ul style="list-style-type: none"> <li>Place used linen in water soluble bag, then clear polythene bag, then into laundry bag.</li> <li>Do not store clean linen in room.</li> <li>Bed linen should be changed daily</li> </ul>			

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	7	Waste	<ul style="list-style-type: none"> <li>Dispose of all waste into a clinical healthcare waste bag inside room. A foot operated bin should be used.</li> <li>When the waste bag is <math>\frac{3}{4}</math> full (and daily), fasten securely and label with ward identification number.</li> </ul>			
	8	Environmental cleaning	<ul style="list-style-type: none"> <li>To maintain confidentiality advise domestic staff that the patient is being isolated.</li> <li>Floor, surfaces, sink, toilet etc. must be cleaned twice daily by domestic staff using chlorine based detergent, Refer to <b>SOP Twice Daily Clean of Isolation Rooms.</b> <a href="http://www.nhs.uk/ggc/infcontrol">www.nhs.uk/ggc/infcontrol</a></li> <li>Nursing staff are responsible for the cleaning of patient related equipment twice daily using chlorine based detergent.</li> <li>When room vacated nursing staff should clean patient related equipment with chlorine based detergent, and remove it from the room. Domestic staff should then carry out a thorough terminal clean of the room. When dry the room can be used. Refer to <b>SOP Terminal Clean of Isolation Room.</b> <a href="http://www.nhs.uk/ggc/infcontrol">www.nhs.uk/ggc/infcontrol</a></li> </ul>			
	9	Information to Patient and Carers	<ul style="list-style-type: none"> <li>Ensure patient / relative is given information on MRSA and an opportunity to discuss this. Document this in clinical notes.</li> <li>Ensure that all persons visiting the patient are aware that patient is in isolation,</li> </ul>			
	10	Visitor restrictions	<ul style="list-style-type: none"> <li>Visitors must be instructed to report to nurse in charge before entering room</li> <li>Vulnerable people such as young children should be discouraged from visiting.</li> <li>Aprons and Gloves are NOT required to be worn by visitors, unless they are involved in clinical care but they should be instructed to wash their hands using soap and water or alcohol hand gel on leaving the room.</li> </ul>			

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	11	Personal clothing	<ul style="list-style-type: none"> <li>There are no special washing instructions. Relatives should wash their hands after handling used linen.</li> <li>Personal laundry contaminated with blood or body fluids should be placed in a patient clothing alginate bag before being given to the carer or relative for home laundering. Provide a Home Laundry leaflet.</li> </ul>			
	12	Transfer to another Department or Hospital	<ul style="list-style-type: none"> <li>Prior to transfer the receiving area/ department, e.g. radiology <b>must</b> be informed of the patient's MRSA status.</li> </ul>			
	13	Psychological impact of being isolated	<p>Patients in isolation may be prone to feelings of loneliness and depression as well as feeling stigmatised. These feelings can be lessened by:</p> <ul style="list-style-type: none"> <li>Ensuring patient understands need for isolation and encouraged to express concerns.</li> <li>Provide verbal and/ or written information about the reason, including leaflet if available.</li> <li>Ensure patient has items to relieve boredom and provide distraction, e.g. TV, newspapers.</li> </ul>			

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Screening Results									
Date:									
Nose									
Perineum									

### ERADICATION REGIMEN FOR MRSA

This regimen should be commenced on the advice of the Infection Control Nurse/ Doctor. Use this regimen for 5 days then stop.

<b>Chlorhexidine Gluconate 4% (Hydrex) Whole Body Wash</b> Use for 5 days		<b>Mupirocin (Bactroban) Nasal:</b> Use 3 times a day for 5 days		
1. Apply neat to the skin. 2. Pay particular attention to the following areas: hairline, around nostrils, under the arms, perineum/ groin, feet. 3. Wash body with disposable cloth or wipes then rinse skin thoroughly. 4. After washing provide the patient with a change of clothing/ pyjamas and bed linen. 5. <b>NOTE:</b> If Chlorhexidine Gluconate 4% (Hydrex) causes irritation of the skin discontinue use and contact Infection Control Nurse.		Apply to anterior nares 3 times a day as follows: 1. Unscrew the cap and squeeze a small amount (about the size of a matchhead) onto the little finger or a cotton bud. 2. Apply to inside of both nostrils. 3. Close the nostril by momentarily pinching the nose together and massaging to spread the ointment. Mupirocin should only be used for 2 five-day courses and should never be used for prolonged courses or used repeatedly. <b>Mupirocin Resistant MRSA</b> Nasal Naseptin applied to the inner surface of each nostril four times daily for five days should replace Mupirocin. Naseptin should be avoided in patients with peanut allergy. Please discuss an alternative with a microbiologist.		
Patients should not be removed from isolation/ cohort until at least 2 full consecutive negative screens have been obtained at intervals of no less than 72 hours, beginning at least 48 hours after antibiotic/ decolonisation therapy has been completed. Patients should only be removed from side room after consulting the ICT.				
<b>4% Chlorhexidine (Hydrex) Whole Body Wash</b>		<b>NASAL BACTROBAN</b>		<b>Re-Screen date</b>
Date Commenced	Date completed	Date Commenced	Date completed	

Documentation Control * ICT Only	
Date of issue	May 2015 (updated)
Date of review	May 2017

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