

MRSA Decolonisation Regime

Nasal and Skin Decolonisation

Prior to commencing any treatment, results from the patient's most recent MRSA screen must be available. If patients have exfoliative skin conditions any treatment must be reviewed by the clinician in charge of the patient care. If unable to commence decolonisation contact IPCT.

Nasal Decolonisation	Treatment
	<p>Mupirocin Sensitive MRSA</p> <p>Mupirocin 2% in paraffin base should be applied to the inner surface of each nostril three times daily for five days. The patient should be able to taste the mupirocin at the back of their throat following application.</p> <p>Mupirocin should be used for five days, stopped for two then the patient should be re-screened.</p> <p>Mupirocin should only be used for two five-day courses (within a 6 month period) and should not be used for prolonged courses or used repeatedly (>2 times).</p> <p>Mupirocin Resistant MRSA</p> <p>Nasal Naseptin applied to the inner surface of each nostril <u>four times</u> daily for five days should replace Mupirocin. Naseptin should be avoided in patients with peanut allergy. Please discuss an alternative with a microbiologist.</p>
Skin Decolonisation	Treatment
	<p>Chlorhexidine Gluconate 4%</p> <p>Use: 25mls of neat liquid should be used for each shower/ assisted wash, daily beginning with the face and working downwards, paying particular attention to the armpits (axilla) and groin area. Rinse and repeat washing with a further 25mls of liquid. Rinse and dry thoroughly. Use in conjunction with nasal ointment as above. Wash hair with 25mls of liquid and rinse, at least twice per week. If any irritation occurs discontinue use and seek advice from the appropriate clinicians.</p> <p>Alternative products are available for patients with fragile skin conditions i.e. Neonates, radiotherapy patients. If required contact your local IPCT.</p>