Decolonization of Non-ICU Patients With Devices

Section 14-4 – Addressing Questions Asked by Staff: Targeted Decolonization

What is targeted decolonization?

Participating non-ICU units at your hospital will be decolonizing adult patients with medical devices using chlorhexidine (CHG) antiseptic soap for all bathing care needs. In addition, patients who have medical devices and are known to be positive for methicillin-resistant *Staphylococcus aureus* (MRSA) by history, screening test, or clinical culture will receive nasal decolonization twice daily for 5 days.

How do I use the products and how often?

Review the nursing protocols for detailed directions on how to bathe patients with CHG and how to apply nasal decolonization.

What should I tell patients when decolonization products are applied?

Staff should provide the same information they would provide for any applied skin product. For example, it would be reasonable to say: "For patients with medical devices, our hospital uses a special antiseptic skin cleanser that will remove bacteria for up to 24 hours and will prevent infections. It is proven to work much better than regular soap."

As another example, for nasal decolonization, it would be reasonable to say: "Some bacteria live in the nose and can increase your risk of infection. For patients with medical devices, we routinely use special products in the nose to get rid of bacteria in order to reduce the risk of infection during your hospital stay."

Should the protocol continue to be given to patients with devices who are temporarily transferred out for radiologic or surgical procedures?

Yes. The protocol should continue for patients with devices who are being transferred for procedures in radiology or surgery. Nasal decolonization and the daily CHG bath or shower can be applied while the patient is physically on the unit. Continue the protocol when the patient returns. Consult the nursing protocol on how to handle missed doses of nasal decolonization.

Some patients leave the hospital for a short time and return in less than 24 hours. Does the 5-day nasal decolonization regimen pick up where they left off (e.g., day 3) or start over at day 1?

If a MRSA carrier still has a medical device at the time of readmission, the nasal protocol begins anew, regardless of the duration of absence.

Does targeted decolonization affect the use of chlorhexidine for preoperative bathing?

No. If your hospital already has a policy for preoperative bathing with CHG, then this practice should continue.

Does targeted decolonization affect the use of skin preps before a surgical procedure?

No. Standard skin preps prior to a surgical or bedside procedure should be utilized per routine hospital processes.

Does targeted decolonization affect our hand hygiene products?

No. Use your usual routine hand hygiene products.

Does targeted decolonization affect the contact precaution policy for MRSA-positive patients?

Targeted decolonization does not affect the application of contact precautions. If a patient is known to be MRSA-positive or positive for another multidrug-resistant organism, then contact precautions should apply.

Can patients refuse decolonization?

As is the case with other medical care, patients can refuse any portion of decolonization either the CHG bath or the nasal product. However, most patients will accept these products if they understand that it is given to prevent infection. Refer to the tool "Talking Points for Chlorhexidine Bathing" in this section of the toolkit for how to address common reasons for patient refusals. The nursing protocols provide details on escalation pathways for addressing patient refusals. Remember, decolonization has been proven to reduce bloodstream infections and MDROs including MRSA and VRE. Your enthusiasm is a major factor in a patient's acceptance of CHG and mupirocin (or iodophor).

What if a patient or patient's family would like more information?

Patient information sheets in this toolkit describe the use of CHG. If more information is needed, the patient/patient's family should be directed to the patient's nurse or the unit's nurse manager.

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