# Section 9-5 – Decolonization of Non-ICU Patients With Devices

## **Nursing Practice Guide**

Use this guide to help ensure that all nursing practice processes and leadership support are in place to actively support the decolonization intervention.

| **Engagement and Collaboration** | **CHG Bath****Documentation** | **Nasal Product Documentation** | **Patient/Family** | **Sustainment/Operations** |
| --- | --- | --- | --- | --- |
| * Project/QI champions participate in problem-solving and discuss practice with peer group
* Multidisciplinary approach to problem-solving: project/QI champions, unit leadership, infection prevention, executive leadership, and physicians
* Unit leadership reviews customized unit adherence data at regular intervals
* Facility leadership reviews customized unit-specific adherence data for all participating units at regular intervals
* Utilize creative approach to engagement: contest, theme, etc.
 | Nursing documentation of **CHG bath** is ***accurate*** and ***timely*:** * Process to identify patients with devices
* Documentation of CHG bath is occurring
* ***Patient arrival before 9 p.m.:*** CHG bath expected before 9 p.m.\*
* CHG bath documentation occurs once per calendar day
* Provide staff educational huddles for central line and wound CHG care (see huddle options in Toolkit)
* Escalation support pathway in effect for patient refusals
* Recommended timeline for documentation of improvement is 30 days
 | Nursing documentation of **nasal product** is ***accurate*** and ***timely*:** * Process to identify patients with devices
* ***Patient arrival to unit before 2 p.m.:*** two doses (a.m. and p.m.) documented by 9 p.m.\*
* ***Patient arrival 2–9 p.m.:*** 1 dose (p.m.) documented by 9 p.m.\*
* Consider retiming dose (if patient is absent from unit) and/or working with facility pharmacy to ensure 10 doses are delivered
* Order set reconciliation
* Escalation via standard pathway in the event nasal product is not ordered
* Recommended timeline for documentation of improvement is 30 days
 | Provide patient handouts for bathing and nasal product administration with illustrations and patient/provider talking points* Medical and nursing teams use scripted approach to address and escalate patient refusals
* Refusals are escalated via standard pathway to charge nurse, unit leadership, and attending physician; conversation does not end with initial refusal
 | Unit “buddy system” used to reinforce documentation of CHG bath (peer accountability)* “Just in time” refresher training is used for new staff, contract staff, and reinforced during orientation
* Identification of individual staff practice patterns and timely followup
* Patient outlier concerns and documentation questions sent to unit leadership and project/QI champion
* Physician concerns are escalated to physician leadership
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CHG = chlorhexidine gluconate; QI = quality improvement.

\*Admission-day rules and suggested documentation timing are based on the ABATE Infection Trial.