Decolonization Nursing Practice Guide

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

| **Engagement & Collaboration** | **Determine Which Patients Need Treatment** | **CHG Bath Documentation** | **Nasal Product Documentation** | **Patient & Family** | **Sustainment & Operations** |
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| * 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. | * **Universal:** All patients receive treatment. * **Targeted:** Patients with qualifying medical devices include those who have:   + Central-lines (including dialysis catheters and port-a-caths   + Midline catheters   + Lumbar drains   + Peripherally inserted central catheter (PICC) lines   + Flag patients with qualifying medical devices for decolonization:   + on admission   + when patient receives a new qualifying medical device while on the unit | Nursing documentation of **CHG bath** is **accurate** and **timely:**   * Process in place to identify patients with devices. * Documentation of CHG bath is occurring. * **Patient arrival before 9 PM:** CHG bath expected before 9 PM.\* * CHG bath documentation occurs once per calendar day. * 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 in place to identify patients with devices. * **Patient arrival before 2 PM:** Two doses (a.m. and p.m.) documented by 9 PM.\* * **Patient arrival 2 to 9 PM:**  One dose (PM) documented by 9 PM.\* * 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 decolonization 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). * 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. |

CHG = chlorhexidine gluconate; QI = quality improvement.

\*Admission-day rules and suggested documentation timing are based on the ABATE Infection Trial. Please change these times to match what works best for your unit.

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| **Adapted from** “Universal ICU Decolonization: An Enhanced Protocol”  [*https://www.ahrq.gov/hai/universal-icu-decolonization/index.html*](https://www.ahrq.gov/hai/universal-icu-decolonization/index.html) | and | “Toolkit for Decolonization of Non-ICU Patients With Devices”  [*https://www.ahrq.gov/hai/tools/abate/index.html*](https://www.ahrq.gov/hai/tools/abate/index.html) |