 Nursing Decolonization Protocol: Nasal Iodophor

**Note:** Mupirocin should generally be chosen over iodophor when possible. A recent study showed a mupirocin & CHG decolonization strategy to be more effective at reducing *Staphylococcus aureus* isolates in the ICU compared to iodophor & CHG.1 However, iodophor has the advantage of bypassing the need for a prescription, which may present less of a logistical burden. You may also opt to use nasal iodophor if you have a known high prevalence of mupirocin resistance. The following protocols can be adjusted to match the site’s needs.

## Background

* Nasal iodophor does not require a prescription and can be used for nasal decolonization under a standardized nursing protocol.
* Can be used as an alternative to mupirocin.

## Overview

* Five days of twice-daily nasal decolonization during unit stay.
* Exclude:
	+ Patients with known allergies to the nasal decolonization product.
	+ Patients with nasal packing or physical inability to use nasal decolonization.

## Protocol

For each patient\*, starting on day 1 of unit admission, for a total of 5 days:

\* The use of nasal iodophor for MRSA decolonization has not been studied in the pediatric population

* Perform nasal decolonization for each patient twice a day, starting on day 1 of unit admission, for 5 days or until discharge (if prior to 5 days).
* If patient is in the unit for longer than 2 weeks, restart the protocol.
* If patient is readmitted, restart the protocol.

**Application**

1. Have the patient blow their nose into a tissue to clear their nostrils.
2. Place head of patient’s bed at 30 degrees, if tolerated.
3. Insert an iodophor swab into one nostril and rotate for 30 seconds, covering all surfaces. Apply firmly in a circular manner to coat entire surface of inner nostril.
	1. Firm contact is needed, and bulging should be seen as swab is applied to nares.
	2. Discard swab.
4. Using the second swab, repeat step 2 for the other nostril.
5. Do not allow the patient to blow their nose after using nasal iodophor. If solution drips, dab with tissue. Discard tissue.
6. Do this twice a day for 5 days while patient is in the unit.
7. Avoid contact with eyes and other intranasal products.

**Notes**

1. If nasal devices are in place (e.g., nasal intubation, NG tubes), apply iodophor around tubing.
2. If nasal packing is in place (e.g., for recent surgery/trauma) or the patient has another anatomical condition precluding application of decolonization, do not apply to that nostril.
3. Missed doses: If one dose is missed, resume decolonization as soon as possible on the original schedule. Do not double up doses. If more than two doses’ worth of decolonization are missed, the protocol should be restarted and a new count for 5 days of nasal decolonization should begin.

## References

1. Huang S, Septimus E, Kleinman K, et al. Nasal iodophor antiseptic vs nasal mupirocin antibiotic in the setting of chlorhexidine bathing to prevent infections in adult ICUs: A randomized clinical trial. JAMA. 2023;330(14):1337-47. PMID: 37815567.

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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)

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