Talking Point for Patients: Nasal Decolonization

**Feel free to customize this handout to your unit’s current practices. To avoid confusion, remove questions that do not apply to your unit.**

Patients may have questions regarding nasal decolonization. Below are some suggested responses to common patient questions.

**REMEMBER:** Your **enthusiasm** and **encouragement** will be the greatest predictors of a patient’s willingness to accept decolonization.

### What is the purpose of putting this medicine in my nostrils?

Some bacteria can live inside your nose. Normally, these bacteria are not dangerous, but when you’re in the hospital, you’re at much higher risk of those bacteria causing a serious infection. The purpose of this medicine is to help get rid of bacteria, like MRSA from the nose, which can cause serious infections such as pneumonia, blood infections, and skin infections. Nasal decolonization helps remove MRSA from the nose, so the bacteria doesn’t move to other places on the body and cause infection. This nasal medicine will be applied to each nostril twice a day for 5 days to help protect you from infection.

### The mupirocin ointment is goopy and makes it hard to breathe.

I know the ointment feels thick. That is how it coats the inner lining of the nose to get rid of germs. If you continue to massage your nostrils together as I have just shown you, the nasal ointment will spread around the nose, so it doesn’t feel so goopy. It often helps to blow your nose before the ointment is given to you. Do not blow your nose after the ointment is inserted into your nose. Next time, you can try this, and it should help alleviate these issues.

### Will the iodophor swab make my nose brown?

Surprisingly, it doesn’t. It may leave a brown tinge just at the edge that you can dab off with a tissue. You can dab off the edge of your nose, but don’t blow your nose since we want the iodophor to coat the inside of the nose and kill germs.

### I have received nasal decolonization in the past. Do I have to have it again?

Yes. A single course of nasal decolonization helps protect you but does not guarantee that the MRSA is gone forever. Our unit’s practice is to restart the nasal decolonization during every stay to protect you from infection. We want to minimize your risk of infection while you are here in our unit.

**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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