

# 12 Common Nursing Home Situations and Infection Control Guidelines for MRSA, C. Difficile, and VRE Pocket Cards



## Nursing Home Infection Control Guidelines for *C. Difficile*

### When to Perform Toxin Assay on Stool:

- Resident symptomatic with diarrhea ( >3 loose/watery stools a day).
- Especially consider in residents who received antibiotics in previous 60 days and have one or more of the following: fever, elevated WBC, fecal leukocytes, abdominal pain/tenderness.
- Do not perform toxin assay on formed stool.
- Do not culture stool; only perform toxin assay.
- After treatment, do not retest for cure (toxin may stay positive even when resident is improved).

### When to Treat:

- Symptomatic resident with toxin-positive stool.

### How to Isolate Culture-positive Residents:

- Limit time outside of room for *C. difficile* positive resident while symptomatic; limit time especially if resident is unable to contain stool.
- Use gloves for contact with resident or resident's environment while on therapy.
- Perform hand hygiene with soap and water (alcohol does not kill *C. difficile* spores).
- Consider daily use of diluted hypochlorites (household bleach diluted 1:10 with water) to disinfect resident's environment.

### When to Decolonize a Resident:

- Do not attempt; no proven successful regimen exists.



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## Nursing Home Infection Control Guidelines for VRE

### When to Culture:

- When *enterococcus* is cultured, check sensitivities or ask lab if it is vancomycin resistant.

### When to treat:

- Symptomatic infection, not colonization.

### How to Isolate Culture-positive Residents:

- Do not use contact precautions in the absence of a draining wound, profuse respiratory secretions, or evidence implicating the specific patient in ongoing transmission of the MDRO within the facility.
- Use appropriate hand hygiene before and after all resident contacts (soap and water, or waterless alcohol product).
- Avoid placing resident in same room with person with indwelling medical device or open wound.
- Use sterile bandages to contain secretions from VRE-infected wound.
- Clean contaminated surfaces with EPA-registered hospital disinfectant.

### When to Decolonize a Resident:

- Do not attempt; no proven successful regimen exists.



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## Nursing Home Infection Control Guidelines for MRSA

### When To Culture:

- Resident with abscess >5 cm (via needle aspirate).
- Tracheostomy resident with evidence of pneumonia.
- Expectorated sputum of resident with acute bacterial bronchitis or pneumonia.

### When To Treat:

- Symptomatic infection, not colonization.
- Use anti-MRSA antibiotic empirically for abscess or chronic ulcer meeting criteria for deep infection.

### How To Isolate Culture-positive Residents:

- Do not use contact precautions in the absence of a draining wound, profuse respiratory secretions, or evidence implicating the specific patient in ongoing transmission of the MDRO within the facility.
- Use appropriate hand hygiene before and after all resident contacts (soap and water, or waterless alcohol product).
- Avoid placing resident in same room with person with indwelling medical device or open wound.
- Use sterile bandages to contain secretions from MRSA-infected wound.
- Clean contaminated surfaces with EPA-registered hospital disinfectant.

### When to Decolonize a Resident:

- Do not attempt; no proven successful regimen exists.



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## 12 Common Nursing Home Situations in Which Systemic Antibiotics are Generally Not Indicated

1. Positive urine culture in an asymptomatic resident.
2. Urine culture ordered solely because of change in urine appearance.
3. Nonspecific symptoms or signs not referable to the urinary tract, such as falls or mental status change (with or without a positive urine culture).
4. Upper respiratory infection (common cold).
5. Bronchitis or asthma in a resident who does not have COPD.
6. "Infiltrate" on chest x-ray in the absence of clinically significant symptoms.
7. Suspected or proven influenza in the absence of a secondary infection (but DO treat influenza with antivirals).
8. Respiratory symptoms in a resident with advanced dementia, on palliative care, or at the end of life.
9. Skin wound without cellulitis, sepsis, or osteomyelitis (regardless of culture result).
10. Small (<5cm) localized abscess without significant surrounding cellulitis (drainage is required of all abscesses).
11. Decubitus ulcer in a resident at the end of life.
12. Acute vomiting and/or diarrhea in the absence of a positive culture for shigella or salmonella, or a positive toxin assay for Clostridium difficile.



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