

**MRSA**  
**PLAN OF CARE**  
**DIAGRAM**

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I reviewed the policy and thought that I found a need for attention, but when I checked the most current CDC Standard Precautions, the policy is correct. My only suggestion is: Due to the many misunderstandings re MRSA, I would add some "just in time" training requirement that is specific for staff assigned to work with MRSA. This is an excellent model template that I would encourage each hospital to adapt to their needs and expand as indicated. 2nd Review 8/12/08 by V. Kmight, RN, PhD

Caution: Since treatment precautions such as isolation are not commonly used/available on acute psychiatric units this type of patient may be inappropriate for admission. However we recognize that some patients are found to be infected with MRSA after admission (e.g., open bedsores for example) and some of our facilities have residential/medical units that might benefit from the information in this document. 3rd review 8/16/08 by S Dzielawa, RN

# MRSA+



**TRANSFER TO INFIRMARY**



**GUIDELINES FOR TREATMENT**

## A. Physicians:

1. Develop plan of care for treatment & determine level of precautions to prescribe. Precautions will be prescribed / modified on a case by case basis in order to meet the needs of the patient & prevent transmission of MRSA.
2. Order appropriate treatment.
3. Make daily progress note describing response to treatment, tolerance of precautions, wound status etc.

## B. Nurses:

1. Initiate CMHC- 168 Isolation Precautions Notification form, send a copy to the Infection Control Coordinator or notify by email. Also notify Environmental Health & safety chairperson, housekeeping supervisor, Medical diagnostic including dental, radiology, optometry, laboratory, & dietary supervisor. (These notifications can be done via email.)
2. Put label, on the inside cover of patient's clinical record, indicating the category of isolation.
3. Place proper category sign on the inside & outside of the door to the patient's room & on the door leading into the infirmary from the D-stem.
4. Reinforce need for strict hand washing to all staff.
5. Monitor patient for clinical S&S of infection & refer to physician as needed.
6. Write progress note every shift, describing response to treatment, tolerance to precautions, wound status etc.



**MANAGEMENT OF SUSPECTED *S. AUREUS* SKIN AND SOFT TISSUE INFECTION**  
(developed by the medical doctor)

- A. I & D: If I & D cannot be performed consider culture of wounds, or aspirate or biopsy of central area of inflammation. Culture & susceptibility testing.
- B. Topical antibiotics (e.g. mupirocin)
- C. If oral antibiotics used: B-lactam antibiotics preferred. Adjust antibiotics based on results of culture. Antimicrobial therapy should be reserved for infections that can't be managed with I & D alone, and for patients who are systemically ill or have more serious infections. In addition, for patients with immuno-suppression or underlying diseases, such as diabetes.



**DECOLONIZATION**  
(Only when determined necessary by the medical doctor. Not to be used routinely as a component of MRSA control program.)

- 3. Mupirocin (2%) Ointment to both nares TID x 10 days. Applied with Sterile Q Tip.
- 4. 4 % Hibiclens (Chlorhexidine Gluconate) baths daily x 10 days.
- 5. 0.12% Peridex (chlorhexidine gluconate) throat wash 15cc TID (after oral care), gargle for 30 seconds for 10 days.
- 6. Antibiotic combination:
  - Doxycycline 100 mg PO Q 12 hours x 10 days
  - Plus
  - Rifampin 300 mg PO Q 12 hours x 10 days
  - Or
  - TMP/SMX 1 DS tablet PO Q 12 hours x 10 days
  - Plus
  - Rifampin 300 mg PO Q 12 hours x 10 days



## ISOLATION PRECAUTIONS

(guidelines for each type of isolation listed, Physician will determine which type of guideline is necessary based on clinical signs and symptoms.)

### A. Standard Precautions: (Applied to all individuals)

1. **Hand washing:** After touching blood, body fluids, excretions, secretions & contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed.
2. **Gloves:** Put on clean gloves just before touching mucous membranes or non intact skin. Change gloves between tasks & procedures on the same person after contact with material that may contain high amounts of microorganisms. Remove gloves after touching contaminated items or surfaces, & wash hands immediately.
2. **Mask, Eye wear, Face Shields:** Wear during procedures & activities that are likely to generate splashes or sprays of blood, body fluids or secretions.
3. **Gown:** Wear during procedures & activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. Wash hands after gown is removed.
4. **Direct care equipment:** handle equipment soiled with blood, body fluids, secretions, or excretions in a manner that prevents skin & mucous membrane exposure, contamination of clothing & transfer to other persons & environments. Ensure single use items are discarded properly. Ensure reusable equipment is not used for the care of another patient until it has been cleaned & reprocessed appropriately.

### B. Contact Precautions: In addition to Standard Precautions:

1. **Gloves** must be worn when working in a patient's room. Apply gloves before entering room & remove before leaving the room.
2. Wash hands after gloves are removed & upon exiting room.
3. **Gown** must be worn if you anticipate that your clothes will have contact with the patient, environmental surfaces, or items in the patients room or if the patient has any of the following: Urine Incontinence, Diarrhea, wound drainage etc. Remove gown before leaving room & wash hands.
4. **Noncritical patient care equipment:** (blood pressure cuff, stethoscope, thermometer etc.) Label with patient's name & store in plastic bag in the anteroom. If use of common equipment or items is unavoidable, then clean & disinfect before using on another patient.
5. Door must remain closed.
6. **Transport:** Limit to essential purposes only (essential transport includes fire drills, medical diagnostic exams, etc.) If patient transported out of the room ensure all

precautions are maintained at all times. Cover wounds etc. If a patient has completed the MRSA regimen, has no further symptoms of infection and is awaiting the 3 sets of negative cultures, the patient may be allowed to interact outside his room on the unit as determined by a physician's order. The patient may also be allowed to have visits. Precautions will be maintained to prevent the spread of infections, (i.e. keep areas covered, etc)

C. Droplet Precautions: In addition to Standard Precautions:

1. Masks are required when entering the room or when working within 3 feet of the patient
2. Door must remain closed.
3. Noncritical patient care equipment: (blood pressure cuff, stethoscope, thermometer etc.) Label with patient's name & store in plastic bag in the anteroom. If use of common equipment or items is unavoidable, then clean & disinfect before using on another patient.
4. Transport: Limit to essential purposes only. If transported out of the room, ensure all precautions are maintained at all times. Use surgical mask on patient during transport

*\*Restriction of Movement while on Isolation precautions*: Limit movement & transport of the patient from the room to essential transport only. (Essential transport includes fire drill, medical diagnostic exams, etc.) If patient is transported out of the room ensure all precautions are maintained at all times. Cover wounds, wear masks etc. If a patient has completed the MRSA treatment regimen, has no further symptoms of infection and is awaiting the 3 sets of negative cultures, the patient may be allowed to interact outside his room on the unit *as determined by a physician's order*. The patient may also be allowed to have visits. Precautions will be maintained to prevent the spread of infections, (i.e. keep areas covered, etc.)



HOUSEKEEPING PROCEDURES

- A. Daily routine cleaning: Focus on frequently touched surfaces, tables, toilet, bed rails, door handles, equipment in the immediate vicinity of

the patient, etc.

- B. Meals: Regular trays adequate, no need for paper trays. Always wear gloves when handling patient's trays & wash hands after removing gloves
- C. Linens: Bag linen at the location where it is used. Linen handlers must wear barrier protection, which includes; gown & gloves. No need to wash linens separately.
- D. Trash: Persons assigned to handle trash should wear gloves & wash hands immediately after gloves are removed, upon leaving room.



TRANSFER TO OUTSIDE FACILITIES

- A. Receiving facility / agency shall be notified beforehand that the person is culture positive or colonized with MRSA.
- B. A negative culture is not a pre-requisite for transfer to another facility.



CULTURES & DISCONTINUATION OF ISOLATION PRECAUTIONS

(3 Surveillance cultures from nares & site of infection 48 hours after antibiotic regimen in course of a week or two)

- A. Positive Cultures: Physician assesses the patient, orders repeat cultures etc. Based on lab data & absence of clinical signs or symptoms of infection, may determine colonization. When colonization exists, the physician will determine the individuals need for decolonization. The physician may discontinue isolation precautions based on the lab data & absence of clinical signs or symptoms of infections.
- B. Negative Cultures: Physician may discontinue isolation precautions if the patient no longer has clinical signs or symptoms of infection. Physician will determine if follow up cultures are necessary.
- C. Responsibilities:
  - 1. Nurse:

- a. Notify the Infection Control Coordinator by email, complete CMHC 168 Isolation Precaution Notification Form and send the form to the Infection Control Coordinator.
  - b. Clean & disinfect direct care equipment & return to proper storage area. Ensure single use items are discarded properly.
2. Housekeeping: Terminal cleaning of the patients room.

Leah Hammel RN, Infection Control  
Coordinator  
Chester Mental Health Center  
1315 Lehman Dr.  
Chester, IL 62233  
618-826-4571 ext. 452  
[LEAH.HAMMEL@illinois.gov](mailto:LEAH.HAMMEL@illinois.gov)