

## APPENDIX B – MRSA Topical Decolonisation Treatment

All adult patients & Children over the age of 3 years found to be MRSA positive should receive topical decolonisation as an attempt to eradicate MRSA and reduce the subsequent risk of infection, unless there are contraindications or clinical reasons why this is not appropriate. In these circumstances the reason for not decolonising the patient must be documented in the patient's medical notes.

### Prescribing of Topical Decolonisation Treatment for MRSA Positive Patients

Procedure	Product	Duration
Daily shower/bath/blanket bath	Octenisan®	For 5 days (longer courses are not more effective)
Washing hair twice during period	Octenisan®	
Nasal clearance	Mupirocin 2% nasal ointment (Bactroban®) (If Mupirocin sensitive)	For 5 days

**Note:** Mupirocin 2% nasal ointment (**Bactroban®**) is a prescription-only medicine, but can be administered or supplied without prescription according to PGD Ref: DS/IC/02.

**Naseptin®** (chlorhexidine 0.1% with neomycin 0.5%) nasal ointment is the recommended alternative to Bactroban.

- Naseptin® is a prescription-only medicine, to be prescribed QDS for 10 days
- Naseptin® is contraindicated in patients who have allergies to **peanuts, soya or chlorhexidine**.

(Octenisan® is licensed as a cosmetic, no prescription is required).

### DIRECTIONS FOR ADMINISTRATION

#### Octenisan Body Washes

- Wet skin. Apply about 30 ml of Octenisan® directly onto the skin using hands or a disposable cloth (refer to manufacturer's instructions).
- Use as a liquid soap and shampoo. Pay particular attention to the hairline, axillae, umbilicus, groins, perineum and in between the toes.
- Leave in contact with the skin for 1 minute
- Rinse thoroughly and dry skin. Use a clean towel each day. Clean clothing and bed sheets should be given.

The hair should be washed at least twice during the five-day course, at other times other hair care products can be used.

#### Mupirocin Nasal Ointment in ADULTS and CHILDREN

- Apply 3 times a day to the inside of the nostrils using a cotton bud or the little finger (if patient applying themselves).
- Press the sides of the nose together spreading the ointment throughout the nostrils.

## COMMENTS

When eradication of MRSA cannot be achieved, the above regimen should be used for 48 hours prior to planned interventional procedure or surgery, and continued for 3 days after the procedure (total 5 days) in order to reduce the bioburden and risk of infection. Prophylactic antimicrobial therapy should also be administered in accordance with Trust antimicrobial guidelines.

### **Decolonisation of MRSA positive patients with active skin disease (e.g. eczema, psoriasis).**

Decolonisation with topical agents alone is likely to be unsuccessful in patients with open skin lesions. Therefore a risk assessment for MRSA bacteraemia or other invasive MRSA infection should be carried out. If full decolonisation is required (e.g. for patients at high risk of MRSA bacteraemia) medical teams are advised to discuss with a Consultant Microbiologist.

## **NEONATE patients and Children under the age of 3 years**

For children under the age of 3 years, Octenisan wash is no longer licensed for use, this is due to cosmetic licensing laws.

Therefore, MRSA decolonisation with Octenisan should only occur after risk assessment and discussion with the Consultant Neonatologist and Consultant Microbiologist and IPT.

An example of this situation is if there is a need to decolonise a “well” MRSA positive neonate if the mother is also MRSA positive.

Attempts at eradication of carriage of MRSA, especially at sites other than the nose, may fail.

It may be appropriate to apply the protocol to neonates prior to high-risk procedures (e.g. surgery, long-term indwelling catheter insertion, tracheostomy). This should be discussed with the neonates parents/carers.

Caution must be taken if used in neonates with known allergies. If the neonate has indwelling devices or stomas, then application of topical treatment may prove difficult.

Unsuccessful decolonisation will still reduce the bioburden of MRSA, helping to minimise risk of associated problems.

If systemic treatment is considered then consultation with the Neonatologist and Consultant Microbiologist must take place.