

 <p style="text-align: center;"><b>CREDIT VALLEY</b> THE CREDIT VALLEY HOSPITAL</p>	<b>CLINICAL PRACTICE GUIDELINE</b>	<b>PROFESSIONAL PRACTICE</b>
<b>TITLE: Isolation Precautions – Management of Methicillin Resistant Staphylococcus Aureus (MRSA)</b>		
<b>DATE OF ISSUE:</b> 2000, 02	<b>PAGE</b> 1 <b>OF</b> 3 (Appendix)	<b>NUMBER:</b> CPG 13-2
<b>SUPERCEDES:</b> 1997, 04	<b>ISSUED BY:</b> _____ <b>TITLE:</b> Chief of Medical Staff	
	<b>ISSUED BY:</b> _____ <b>TITLE:</b> President	

**Purpose:**

To provide a guideline for the management of Methicillin Resistant Staph aureus to all physicians.

**Definition:**

Methicillin Resistant Staph aureus is a gram positive organism that is resistant to many of the available antibiotics.

The guideline will be utilized for all patients identified with Methicillin Resistant Staph aureus on culture.

Individual circumstances may dictate the most appropriate treatment.

**Physician Responsibilities:**

All patients with Methicillin Resistant Staph aureus, on culture, will be placed on Contact Isolation as outlined in the Infection Control procedure INF-IV-5b.

Patients identified as being Methicillin Resistant Staph aureus positive will have their care managed according to the algorithm **Management of Methicillin Resistant Staph aureus**. Copies of the algorithm will be kept on all nursing units.

**Treatment and Monitoring:**

The Infection Control Practitioner/Infection Control Officer will discuss the need for decolonization treatment with the MRP. Decolonization therapy includes: daily chlorhexidine baths with a 4% chlorhexidine gluconate for 7-10 days and Mupirocin (Bactroban) ointment t.i.d. to anterior nares and any Methicillin Resistant Staph aureus positive body sites (except eyes) for 7-10 days.

Decolonization is not routinely recommended unless:

1. There is evidence of ongoing transmission.
2. The patient has an invasive device which will be left in place for long term treatment or therapy eg. dialysis, chemotherapy.
3. The patient will be discharged to a chronic or long term care facility which requests attempting decolonization eg. West Park.
4. Isolation of the patient, even if modified, is causing significant psychological distress.

Infectious Disease consultation should be sought for patients infected with Methicillin Resistant Staph aureus or any patient who remains Methicillin Resistant Staph aureus positive after two complete courses of decolonization treatment.

The Infection Control Practitioner/Infection Control Officer will order any necessary cultures after decolonization therapy is completed and on an ongoing basis until the patient has been determined to be clear of Methicillin Resistant Staph aureus.

**Approval:**

Infection Control Committee: October 1999  
Professional Practice Committee: December 1999  
Clinical Quality Care Committee: January 1999  
Medical Advisory Committee: February 2000

Appendix 1  
**MRSA Screening Process**

