MRSA Swabbing

Please note:

Bacterial swabs in the charcoal transport medium must be used.

The tip of the swab should be moistened with 0.9% sodium chloride (sterile saline) when taking nose and skin swabs.

 Specimens to be taken:

## It is important that patients do not do their own swabs as poor technique may give a false negative result.

Nose: use one swab for both nostrils (moisten swab with sterile saline).

Groin: Use one swab for both sides (moisten swab with sterile saline).

Skin lesions/wound swab: one swab for each site. Sites should be clearly identified. Swab should be moistened with sterile saline and rubbed into the area.

CSU: In catheterised patients. Ensure correct technique is used and the sample is not taken from the drainage bag.

All manipulated sites e.g. IV-line site, tracheostomies, peg site etc.

Sputum depending on clinical presentation for example a productive cough

Decolonisation

All adult first isolate MRSA positive patients should be prescribed the following decolonisation regime in an attempt to eradicate or a least temporarily suppress MRSA.

For a first isolate decolonisation treatment should be given for all sites regardless of where positive, for example nasal treatment and body decolonisation should be given for a wound swab along with octenillin wound irrigation and a review for systemic antibiotics. If any subsequent decolonisation is required treat the positive site only.

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| **Procedure** | **Product** | **Directions** | **Duration** |
| Nasal Clearance | Mupirocin cream2% (Bactroban R)Naseptin® (Chlorhexidine dihydrochloride 0.1%w/w/ Neomycin sulphite 0.5%w/w) nasal cream.**Caution** Naseptin is contra indicated if the patient has a peanut allergyOctenisan® nasal gel Apply BD (Water based gel, can be used with nasal oxygen cannulae) | Apply to both nostrils 3 times dayApply to both nostrils 4 times dayApply to both nostrils twice daily |  **5 days****10 days****5 days** |
| Daily shower/bath | 4% chlorhexidine wash**This is considered 1st line treatment, please assess skin integrity of patient prior to prescribing this treatment**Octenisan® solution 2% | moisten the skin, apply the wash, and leave for 1-3min After each wash, clean clothing, bedding and towels should be used.Thoroughly apply product directly on to wet skin covering all areas, paying particular attention to the axilla, groin and perineal area; allow 1minute contact time then rinse.After each wash, clean clothing, bedding and towels should be used. | **5 days****5 days** |
| Hair wash | 4% chlorhexidine wash **1st line**Octenisan® solution 2% | Wash hair with the product twice during this periodWash hair with the product twice during this period | **5 days****5 days**  |
| If throat positive | Chlorhexidine spray (Corsodyl®) Three times daily | Three times daily | **5 days** |
| If wound swab positive | Octenilin® wound irrigation  | If infected systemic antibiotics may be required | **Based on wound assessment may continue for the duration of systemic antibiotics**  |

Following completion of the above treatment please assess if a re screen for MRSA is required, generally this is not considered necessary for colonisation. If a re screen is deemed necessary leave 2-3 days before repeating swabs. Nose, groin, wound, urine if catheterised, any manipulated site, any other previously positive site and throat swab for those with dentures, must be sent. If found to positive again repeat the decolonisation regime. If still positive after second decolonisation contact Community IPCT or the medical microbiologist for further advice.

Please note it is now not considered necessary to swab patients in the community until 3 negative screens are obtained, however treatment should consider any risk factors, for example indwelling devices that may put the patient at higher risk of developing an MRSA bacteraemia.

Please find below the guidance used to support this document.



**Patient MRSA leaflet is available at the link below**

[mrsa-positive-leaflet-final.pdf (his.org.uk)](https://his.org.uk/media/2978/mrsa-positive-leaflet-final.pdf)