NOTE: Any licensed nurse or physician can initiate a review of the criteria for any client who is MRSA positive.

Step 1 - Are any of the following exclusion criteria present?
- Sputum positive
- Open wounds greater than 1cm
- Indwelling devices (i.e., IV, Catheter, etc.)
- Living with family or close contacts who are MRSA positive
- Inadequate resources to carry out decolonization process
- Mupirocin or Fusidic acid resistant
- Continued use of antibiotics

Stop

Step 2 - Does the client have Wandering Behaviour?
Decolonization may be still be considered for clients with wandering behavior if staff can ensure hand hygiene with only liquid soap or alcohol-based hand rub (do not use the Chlorhexidine gluconate (CHG) 2% liquid soap solution) 48 hours prior to screening swabs being collected.

Stop

Step 3 – Compliance
Clients must also be compliant with daily bathing routine, which may include the use of CHG wipes.

Stop

1) Physician/MRP to order nares/groin surveillance for MRSA.
2) Send the specimen to the lab. Important: Specify “decolonization” on the laboratory requisition.
   The lab will test for sensitivity to Mupirocin or Fusidic acid.
3) When sensitivity result is back, have the physician order the appropriate nasal ointment/cream from pharmacy. Then continue to Appendix D – Decolonization Protocol – Acute Care.