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

Nursing Unit: Answer qualifiers in step one.

Step 1: Exclusion Criteria
Client is excluded if any of the following are checked off:
   † are sputum positive,
   † open wounds greater than 1cm,
   † indwelling devices,
   † 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.

Nursing Unit: If there are no checked squares in step 1; go to Step 2.

Step 2: Wandering Behaviour
Decolonization may be considered for clients with wandering behavior if staff can ensure hand hygiene with only liquid soap or alcohol hand sanitizer 48 hours prior to screening swabs being collected.

Qualifies: † No (continue) † Yes (stop)

Nursing Unit: If yes is checked go to Step 3.

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

Qualifies † Yes (continue) † No (stop)

Nursing Unit:
1) If “yes” is checked, have the physician order nares/groin surveillance for MRSA. Send the specimen to the lab.
   Important: Specify “decolonization” on the laboratory requisition.
   The lab will test for sensitivity to Mupirocin or Fusidic acid.

2) When sensitivity result is back, have the physician order the appropriate nasal ointment/cream from pharmacy. Then continue to Appendix D: Decolonization Protocol.