

## Prescribing Guidance Update MRSA Decolonisation regime January 2024 v1.0

### A 5 consecutive day course of treatment to be prescribed for patients.

**Octenisan Body Wash** - (use for 5 consecutive days, once a day) 500ml bottle

- Ensure body and hair are wet.
- Put Octenisan onto a damp washcloth / shower scrunch (do not dilute as this will reduce its efficiency)
- Wash all over body with Octenisan – pay special attention to armpits, navel, groin, under breasts, hands and buttocks.
- Leave the Octenisan on for **1 minute** before rinsing it off thoroughly.
- Dry with a clean towel. Towels, underwear and bed linen must be changed daily during treatment, if possible.
- Hair must be washed with Octenisan at least twice during the 5 day treatment if possible.

### PLUS

**Mupirocin 2% nasal ointment (Bactroban Nasal)** 3g three times daily. Apply to both nostrils for 5 days

Or

**Chlorhexidine hydrochloride 0.1% neomycin sulphate 0.5% (Naseptin)** 15g four times daily. Apply to both nostrils for 10 days

- Wash hands before applying
- Apply a pea-sized amount to the inner surface of each nostril and massage gently upwards, use a finger or cotton bud. Close the nostrils by pressing the sides of the nose together for a moment; this will spread the ointment inside each nostril.
- Wash your hands

If the patient has a wound, the IPCNs will advise treatment after discussion with NHS GY&W Infection Control Doctor.

- 5 days of treatment – body wash and nasal ointment, 10 days if using Naseptin.
- Followed by 2 days without treatment then patient to have repeat swabs.

If further treatment is required, the Infection Control Team will advise.

**(Note - Naseptin is not suitable for patients with a peanut or soya allergy)**

<b>Title</b>	MRSA Decolonisation regime
<b>Description of policy</b>	<i>To inform healthcare professionals</i>
<b>Scope</b>	<i>Norfolk and Waveney Integrated Care System</i>
<b>Prepared by</b>	Norfolk and Waveney ICB Medicines Optimisation Team
<b>Impact Assessment</b> (Equalities and Environmental)	<p><i>Please indicate impact assessment outcome:</i></p> <p><i>Positive impact</i></p> <p><i>Adverse impact - low - action plan completed as per guidance</i></p> <p><i>Adverse impact - medium - action plan completed as per guidance</i></p> <p><i>Adverse impact - high - action plan completed as per guidance</i></p> <p><i>No impact</i></p> <p><b>No policy will be approved without a completed equality impact assessment</b></p>
<b>Other relevant approved documents</b>	
<b>Evidence base / Legislation</b>	<p>Level of Evidence:</p> <p><i>A. based on national research-based evidence and is considered best evidence</i></p> <p><b>B. mix of national and local consensus</b></p> <p><i>C. based on local good practice and consensus in the absence of national research based information.</i></p>
<b>Dissemination</b>	Is there any reason why any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
<b>Approved by</b>	<i>Norfolk &amp; Waveney Therapeutics Advisory Group (TAG)</i>
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1.0	Infection Prevention and Control Team	Document agreed by members of NW IPC and AMS Partnership meeting. To TAG for information	January 2024