

Infection Prevention and Control/Renal

Meticillin Resistant Staphylococcus Aureus (MRSA) Information for renal patients and carers

University Hospitals Coventry and Warwickshire NHS Trust takes MRSA and other healthcare associated infections extremely seriously. We are committed to reducing infections in our hospitals and giving our patients high quality health care.

What is MRSA?

MRSA stands for **(M)** Meticillin **(R)** Resistant **(S)** Staphylococcus **(A)** Aureus. MRSA are varieties of Staphylococcus Aureus that have developed resistance to Meticillin (a type of penicillin) and some other antibiotics that are used to treat infections.

Most people who have MRSA are known as colonised. This means that the germ is present on the surface of the skin and does not cause any harm to the person. People who are colonised will have no signs or symptoms of infection and feel well. However, if you come into hospital to undergo a procedure, such as a line insertion, there may be an opportunity for MRSA to enter the body. This is why patients are given a skin wash to suppress the germ from the skin and nasal ointment to suppress the germ from the nose, this is known as decolonisation.

You may have been told that you have MRSA and this leaflet has been produced to help you understand what is meant by this and to answer some of your questions.

How will I know if I have MRSA?

When you first commence haemodialysis your nurse will ask if they can take a swab from your groin area and one swab from both nostrils of your nose. These swabs will be sent to the hospital laboratory. You will then be routinely swabbed every three months. Your nurse will inform you if you have MRSA.

Why do we need to treat MRSA?

There are many people in the community who have the MRSA germ without showing any signs or symptoms (colonisation). However this germ can cause infections if it gets into the body of people who are unwell or have a wounds or drips and drains.

Treatment for MRSA?

If the swabs are found to have the germ you will need to wash with Octenisan wash using the method below. Use this once a day for 21 days.



Patient Information

You will also need to use Bactroban Nasal Ointment (Mupirocin 2%). Use it three times each day for the first five days using the method below.

Regime

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Use nose cream						
Use wash	Use wash	Use wash				

Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14
Use wash						

Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21
Use wash						

Method of application of wash (Octenisan)

- Ensure all skin surfaces are covered when using the body wash (bath, shower or strip wash);
- Ensure that your hair and body are wet;
- Put lotion onto a damp disposable wet cloth;
- Apply lotion all over hair and body, paying particular attention to your armpits, groin and feet;
- Leave the lotion on your skin for one minute before rinsing;
- Rinse off thoroughly;
- Dry with a clean, dry towel;
- Put on clean underclothes or nightwear every day;
- Ensure all bed linen is changed weekly and washed at the highest temperature possible;
- Ensure face cloths and towels are changed daily and washed on the highest possible temperature.

Method of application of nasal ointment (Mupirocin 2%)

- Place a small amount of ointment, about the size of a match head, on a cotton bud or on your finger;
- Apply to the inside of each nostril (apply to the front part of the nostril);
- Close the nostril by pressing the sides of the nose together; this will spread the ointment through the nostrils.

After you have completed this regime you will be re-swabbed; if the germ is still present you will be given another course of the above.

Patient Information

How did I get MRSA?

MRSA may have been in your nose or on your skin before you came into hospital or you may have acquired this during your hospital admission.

How does MRSA spread?

Like most germs MRSA spreads easily on unwashed hands. We therefore encourage staff, visitors and patients to wash their hands. Staff may wear gloves and protective aprons whilst caring for you depending on the care they are giving you. If you are having needles placed into your fistula your nurse will ask you to wash your fistula arm before this takes place. This will ensure any germs on the skin are removed and prevent them entering your blood stream.

Can MRSA come back?

Yes, it can return, unfortunately it may not totally go away. You will be given another course of treatment of the wash and nasal ointment. If another course of treatment is required this will be discussed with your renal doctor.

Do I need to stay in hospital?

No there is no reason to keep you in hospital. If you are already in hospital MRSA should not be a reason to delay your discharge. If you have not completed your 21 days of treatment this can be sent home with you.

Further advice

If you wish to discuss any aspects of your treatment for MRSA or have any further concerns please contact:

Infection Prevention and Control Team on 024 7696 4791

Or

UHCW Dialysis Unit on 024 7696 7777

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7777 and we will do our best to meet your needs.

The Trust operates a smoke free policy

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