

## Nasal Decolonization with Mupirocin FAQ

### What is mupirocin and what does decolonization mean?

- Mupirocin is an antiseptic used for nasal decolonization. Decolonization means using methods to reduce or remove specific bacteria that may be present in areas such as the skin or airways.

### Why are we performing nasal decolonization on some of our patients?

- Use of a nasal antiseptic agent as part of a decolonization process specifically targets the bacteria *Staphylococcus aureus*, including those types of Staphylococcus that are more resistant to certain antibiotics (like "MRSA").
- Staphylococcus can be a cause of serious infections, including those related to intravenous catheters (also called central lines or midlines). One area that Staphylococcus bacteria live in is the front of the nose. By applying an antiseptic to this area, we can decrease the amount of Staphylococcus in the patients' nares that could be a source of these infections.

### Why are we changing the product we use for nasal decolonization from povidone-iodine (PI) to mupirocin?

- VUH compliance with decolonization has been consistently around 60%, well below our desired goals. Feedback from our frontline providers noted key barriers to the use of the PI, including difficulty tracking the number of completed doses, lack of clarity on the intervention benefit, and patient refusal. Moving to mupirocin will help reduce these barriers.
- Mupirocin administration will be charted on the MAR like other medications, making it easier to track number of doses given and due (as patients require a 10-dose course [twice a day for 5 days])

### Whom should receive mupirocin nasal decolonization?

- Phase 1 (March 2023): All patients admitted to any ICU or ICU stepdown (Burn ICU/11S, Trauma, 10N, 9T3, 8T3, 6T3, 5N)
- Phase 2 (July 2024): All patients admitted on all VUH units with a central line or midline catheter (new or previously placed).

### When should a patient receive nasal decolonization?

- Upon admission to a unit if central line/midline is already present or following insertion of new central line or midline.

### How is intranasal mupirocin applied?

- Place patient's bed at 30 degrees, if tolerated.
- Have patient use a tissue to blow their nose or clean the nares and tip of nostril. Discard tissue.
- Insert swab into one nostril and rotate for 30 seconds covering all surfaces. Apply in a circular manner to entire surface of inner nose at least 3 times. Make sure the inside tip of the nose is swabbed. Discard swab.
- Using the second swab, repeat step 3 in the other nostril.
- Do not blow nose. If solution drips, dab with tissue.
- Do this twice a day for 5 days.

### What if a patient refuses nasal decolonization?

- Explain the purpose of nasal decolonization to the patient. If the patient still refuses, notify the patient's healthcare team that the patient refused decolonization and note refusal in the patient's chart.

### What if a dose is missed?

- Continue with next dose until therapy is complete, regardless of how many doses were missed.
- Do not restart therapy if missed doses occur.
- For example, if the 1000 dose is missed, the next dose administered will occur at the regularly scheduled 2200 dose. Administration continues at 1000 and 2200 until 10 doses are complete.

### What if the patient is getting intranasal decolonization for surgery?

- Patients who are actively receiving a perioperative decolonization course with mupirocin do not require another decolonization course.

### What if the patient is discharged before finishing all 5 days? Do they need a prescription to finish the course?

- No, just complete as many days as possible while the patient is admitted.

### What if the patient's central line or midline is discontinued or the patient leaves the ICU?

- Complete the course as ordered.

### Where do I document nasal decolonization in the patient's chart?

- Mupirocin will be scanned in and documented as a medication in the MAR.
- PI administration should continue to be document in the nursing flowsheet.

**Are there any contraindications to intranasal decolonization?**

Yes, nasal fracture/procedure/packing, CSF leak, allergy, active nasal hemorrhage/nosebleed or platelet count under 10,000, or an allergy to the assigned product.

**What do I do if my patient is on isolation precautions?**

- If a patient is on isolation, double check the medication with a nurse at the door, verifying the “rights” of medication administration.
- Don appropriate PPE, enter the room with the medication. Scan the medication and administer.
- Hand the medication to a peer to be wiped down with alcohol wipes. Place medication back in patient specific drawer in Omnicell.