



Protocol for the supply and/or administration of chlorhexidine gluconate 4% solution to MRSA/MSSA positive patients within the Renal Dialysis Unit receiving treatment from NHS Borders.

This document authorises the supply and/or administration of chlorhexidine gluconate 4% solution by Registered Nurse to renal dialysis patients who meet the criteria for inclusion under the terms of the document

The Registered Nurses seeking to supply and/or administer chlorhexidine gluconate 4% solution must ensure that all patients have been screened and meet the criteria before supply takes place

The purpose of this protocol is to allow management of MRSA and MSSA eradication in MRSA or MSSA-positive patients receiving renal dialysis in NHS Borders by Registered Nurses.

This protocol was authorised on: JULY 2012

The protocol will be reviewed by: JULY 2014

Clinician Responsible for Training and Review: Senior Charge Nurse, Borders Dialysis Unit

Protocol Reviewed by: NHS Borders Antimicrobial Management Team, Area Drug and Therapeutics Committee



Protocol for the supply and/or administration of chlorhexidine gluconate 4% solution without a prescription for a named individual by Registered Nurses within the Borders Dialysis Unit employed by NHS Borders.

1. This Protocol relates to the following specific preparation:

Name of medicine, strength, formulation	chlorhexidine gluconate 4% solution
Legal status	GSL Use of chlorhexidine gluconate 4% solution as part of a staphylococcal eradication regimen is not an indication listed within the SPC. However, use for this indication is well recognized and this product is part of the MRSA decolonization protocol within NHS Borders Infection Control Manual.
Storage	The product should be stored at room temperature (below 25°C)
Dose	Sufficient product to cover the skin/hair
Route/method	Topical Do not dilute in bath water as the concentration is insufficient. Wash hands before and after use. Wash the body by applying the liquid neat to moist skin. Use hands or a disposable cloth. Pay particular attention to armpits, groin and perineum. Use as a shampoo by applying the product neat to wet hair. Rinse body thoroughly and dry with a clean towel.
Frequency	Daily as a body wash for 5 consecutive days. Use as a shampoo at least twice in the 5 day period.
Total dose Quantity (Maximum/Minimum)	Three five day courses at monthly intervals (Note: this differs from NHS Borders MRSA decolonisation policy as described in the Infection Control Manual, where normally a maximum of two consecutive treatments would be given).

Advice to Patients	<p>Explain MRSA and MSSA, the rationale for treatment and how to use the product provided.</p> <p>Explain possible side effects and what to do if they occur</p> <p>Explain the need to complete the prescribed course</p> <p>Explain that the ointment is for external use only and that care should be taken to avoid the eyes and inner ear.</p> <p>Give patient a copy of MRSA leaflet (if for MRSA eradication) and product administration leaflet (Appendix1).</p>
Relevant Warnings	<p>Keep out of the eyes and avoid contact with the brain, meninges and middle ear. If the solution comes into contact with the eyes, wash out promptly and thoroughly with water.</p> <p>In patients with head or spinal injuries or perforated ear drum, seek medical evaluation of the benefits of use against the risk of contact.</p> <p>For external use only. Medical advice must be sought immediately if the product is accidentally swallowed.</p> <p>Irritative skin reactions may occasionally occur. Generalised allergic reactions are extremely rare.</p> <p>If a possible sensitization reaction or severe local irritation occurs, the patient should stop using the product and seek immediate advice from their GP or NHS24. They should also contact Borders Dialysis Unit for advice during normal opening hours.</p> <p>Details of any suspected adverse events should be documented in the patient's case notes.</p> <p>The Yellow Card System will be used (where appropriate) to report adverse drug reactions. Yellow Cards and guidance on their use are available in the back of the BNF or online at http://yellowcard.mhra.gov.uk.</p>
Follow up Arrangements	<p>The patient will be re-tested for MRSA/MSSA carriage after at least 2 days have elapsed from completion of a course. Patients will be screened monthly. Normally, three eradication treatments will be tried.</p>

2. Clinical condition:

Clinical Condition to be treated	The elimination of skin carriage of meticillin-resistant Staphylococcus aureus (MRSA) or meticillin-sensitive Staphylococcus aureus (MSSA) (in conjunction with nasal and throat decolonization as appropriate according to current NHS Borders MRSA decolonization treatment)
Criteria for inclusion	All patients aged 16 years and over who are undergoing dialysis within the NHS Borders Dialysis Unit.
Criteria for exclusion	<ul style="list-style-type: none"> • Known hypersensitivity to any component of the medicine • Patients with active infection, unhealed wounds or chronic skin conditions e.g. Eczema or psoriasis, urinary catheters, tracheotomies, long lines or other medical devices • No valid consent
Action if excluded	<ul style="list-style-type: none"> • Document in the patient's case notes and provide the patient with an MRSA information leaflet (if for MRSA) • Inform the Consultant caring for the patient and the Infection Control Team.
Action if declines	<ul style="list-style-type: none"> • Explain that it is the Health Board's policy that dialysis patients have MRSA /MSSA eradication therapy if they are found to be carriers • If the patient still declines treatment, document in the patient's case notes and provide the patient with an MRSA information leaflet (if for MRSA) • Inform the Consultant caring for the patient and the Infection Control Team
Interactions with other medicaments and other forms of interaction	<ul style="list-style-type: none"> • Incompatible with soap and other anionic agents • Hypochlorite bleaches may cause brown stains in fabrics which have previously been in contact with chlorhexidine preparations

3. Documentation/Record keeping.

a) The following records should be kept (either paper or computer based)-

The GP practice, clinic, hospital, and ward or department

The patient name and CHI number

The medicine name, dose, route, time of dose(s), and where appropriate, start date, number of doses and or period of time, for which the medicine is to be supplied or administered

Drug batch number and expiry

The signature and printed name of the healthcare professional that supplied or administered the medicine

Whether patient met the inclusion criteria and whether the exclusion criteria were assessed

Where administration is required during attendance at Borders Dialysis Unit, the medicine name, dose, route, time of dose(s), and where appropriate, start date, number of doses and or period of time, for which the medicine is to be supplied or administered must be recorded on the inpatient medicine chart along with the signature of the nurse recording its supply and/or administration (stickers in Appendix 2 will be provided for this purpose which will need to be signed after fixing to Kardex)

b) Preparation, audit trail, data collection and reconciliation-

Stock balances should be reconcilable with Receipts, Administration, Records and Disposals on a patient by patient basis.

c) Storage-

The product should be stored at room temperature (below 25°C) in locked cupboards in the clinical area.

4. Professional Responsibility.




- ❖ All Health Professionals will ensure he/she has the relevant training and is competent in all aspects of medication, including contra-indications and the recognition and treatment of adverse effects.
- ❖ He/she will attend training updates as appropriate.
- ❖ For those involved in immunization, regular anaphylaxis updates are mandatory.
- ❖ Nurses will have due regard for the NMC Code of Professional Conduct, standards for conduct, performance and ethics 'The Code' (2008) and NMC Standards for Medicines Management (2008)

5. Sources of Evidence used for the protocol creation should be stated.

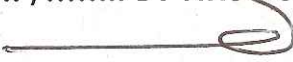
- ❖ British National Formulary (BNF) current edition
<http://bnf.org/bnf/index.htm>
- ❖ Borders Joint Formulary (BJF)
http://intranet/new_intranet/microsites/index.asp?siteid=65&uid=1
- ❖ .Hibiscrub SPC (accessed online at <http://www.medicines.org.uk> on 3rd April 2012
- ❖ Draft Lothian PGD for the supply of MRSA decontamination products
- ❖ Health Protection Agency 2009. MRSA screening and suppression: quick reference guide for Primary Care.

Protocol for the supply and/or administration of chlorhexidine gluconate 4% solution to MRSA/MSSA positive patients within the Renal Dialysis Unit by health professionals employed by NHS Borders

This Protocol is approved for use by the under-signed :

Job Title	Name	Signed	Date
Senior Doctor/Dentist for relevant clinical area	ROSS CAMERON		
NHS Borders Director of Pharmacy	Alison Wilson		4/7/12
NHS Borders Senior Health Professional for Clinical Area	Sheena Wright ELAINE PEACE		

PROTOCOL AUTHORISED ON 5 / 7 / 12 BY NHS BORDERS

Signed by ADTC CHAIRPERSON: 

Name:John Hammond.....

The Health Professionals named below, being employees of NHS Borders based at Borders General Hospital are authorised to provide and/or administer this medication under this protocol and agree to provide and/or administer this medication in accordance with this protocol

Name of Health Professional	Job Title	Signed	Date

Appendix 1

NHS Borders Dialysis Unit Patient Information MRSA/MSSA Decolonisation Regime

You have isolated Staphylococcus aureus from screening therefore it is recommended that a staphylococcal decolonisation treatment is used. The aim of this treatment is to decrease the risk of infection by reducing the amount of staphylococci found on the skin.

You will be given a pack containing:

Chlorhexidine solution
Mupirocin nasal ointment
Chlorhexidine mouthwash

How should I apply Chlorhexidine solution?

- Use daily as a body wash for five days and twice during the 5 day period as a shampoo
- Do not dilute in bath water as the concentration is insufficient for it to work properly
- Wash hands before and after use
- Apply the solution neat to moist skin using hands or disposable cloth
- Begin with the face and work downwards, paying particular attention to the areas around the nose, underarms and groin.
- Rinse thoroughly and dry with a clean towel
- Use as a shampoo by applying neat to wet hair (hair conditioner can be used for the final rinse).

How should I use mupirocin nasal ointment?

- Use three times a day for 5 days
- Wash hands before and after use
- Unscrew the cap and squeeze a small amount (about the size of a match head) on to your little finger
- Apply to the inside of one nostril
- Repeat for the other nostril
- Close your nostrils by pressing the sides of the nose together for a moment. This will spread the ointment inside each nostril
- A cotton bud may be used instead of the little finger for the application

How should I use Chlorhexidine mouthwash?

- Use twice a day for 5 days
- Measure 10ml using cap
- Use to gargle and as a mouthwash for about one minute. Spit out.
- If you wear dentures, make sure they are cleaned thoroughly

If you have any concerns regarding your decolonisation treatment please contact NHS Borders Dialysis Unit on 01896 826637

Important Information: this information is for guidance purposes only and is not provided to replace professional clinical advice from a healthcare professional

Appendix 2

DRUG (Approved name)		
MUPIROCIN 2% NASAL OINTMENT		
ROUTE	DOSE	START DATE
TOPICAL	Match-head size application	
SIGNATURE		PHARMACY ref. PGD no. XXX
ADDITIONAL INSTRUCTIONS/FREQUENCY TO EACH NOSTRIL THREE TIMES PER DAY FOR 5 DAYS.		

DRUG (Approved name)		
CHLORHEXIDINE GLUCONATE 0.2% MOUTHWASH		
ROUTE	DOSE	START DATE
TOPICAL	10mls	
SIGNATURE		PHARMACY
ADDITIONAL INSTRUCTIONS/FREQUENCY USED AS A GARGLE TWICE A DAY FOR 5 DAYS		

DRUG (Approved name)		
CHLORHEXIDINE 4% SURGICAL SCRUB		
ROUTE	DOSE	START DATE
TOPICAL	25mls	
SIGNATURE		PHARMACY
ADDITIONAL INSTRUCTIONS/FREQUENCY USED AS DAILY SKINWASH AND TWICE WEEKLY HAIRWASH FOR 5 DAYS		