

**15. What is the recommended regime for MRSA suppression/decolonisation treatment in adults? MRSA decolonisation/suppression treatment consists of nasal treatment, skin and hair disinfectant**

- 2% Mupirocin nasal ointment to each nostril 3 times a day for 5 days. If Mupirocin resistant strain use Naseptin 6 hourly to each nostril for 10 days.
- Skin antimicrobial body washes daily for 5 days: Hibiscrub; 4% chlorhexidine is the standard antimicrobial wash. However, if the patient has an allergy to chlorhexidine or is sensitive to the product then alternatives are available such Octenisan. Patients with non-intact skin should be assessed prior to commencing washes.
  
- If possible wash hair daily with antiseptic body wash or a least twice during the 5 day treatment (as detailed above)
  
- Appropriate topical or dressing to skin lesions/ulcers for 5 days, advice may need to be sought from the tissue viability team

If Naseptin is to be used either because Mupirocin is not available or because the strain of Staphylococcus aureus is not sensitive to Mupirocin then the following regime should be followed then the timing of the body wash should be as follows

1. If used for pre-operative suppression/eradication of MSSA or MRSA in the days leading up to elective surgery:
  - a. Naseptin to be started 10 days before surgery and to be finished on date of surgery
  - b. Skin/hair disinfectant (Hibiscrub/Octenisan) to be started 5 days before surgery, concurrent with the last 5 days of Naseptin, and to be finished on date of surgery.
2. If used for attempted eradication of MRSA, not in the days leading up to surgery:
  - a. Naseptin and skin/hair disinfectant (Hibiscrub/Octenisan) to be started on same date
  - b. Skin/hair disinfectant (Hibiscrub/Octenisan) for total of 5 days
  - c. Naseptin for total of 10 days, hence 5 days longer than the skin/hair disinfectant