Patient Label



NHS Foundation Trust

## WEEKLY CAREPLAN for patients colonised with MRSA

Week from	 to

Date started	Initials		Intervention Required	Date completed	Initials
		1.	Isolation precautions		
		1a)	Patient is isolated in contact precautions in a single room with ensuite bathroom.		
		1b)	A red 'Contact Precautions' sign is present on door.		
		1c)	Patient and family have been given the 'GOSH MRSA family information leaflet' in the appropriate language.		
		1d)	Patient and family/visitors have been explained the reason for isolation and the isolation requirements.		
		1e)	Parents and visitors have been explained that they must perform hand hygiene (hand wash or alcohol gel) on each entry and exit of the patient's room and that they do not have to wear aprons and gloves.		
		2.	Hand hygiene and PPE		
		2a)	Hand hygiene (hand wash or alcohol gel) is performed on entry to room.		
		2b)	Gloves and apron are worn when in contact with the patient, the patient environment and equipment.		
		2c)	Whilst with the patient in the room perform hand hygiene according to the '5 moments for hand hygiene'.		
		2d)	Hand hygiene is performed (hand wash or alcohol gel) is performed on leaving the room <u>after</u> removal of apron and gloves.		
		3.	Decontamination of patient equipment		
		3a)	Equipment is dedicated to the patient to avoid sharing between patients.		
		3b)	Prior to being taken out of the room, equipment is thoroughly cleaned and disinfected with Clinell® sanitising wipes before use for another patient.		
		3c)	Items that cannot be cleaned (e.g. folders or patient notes) are not taken into the room.		
		3d)	All items (e.g. IPads, IV trays, food trays etc.) are decontaminated with ClineII® sanitising wipes prior to being taken out of the room.		
		3e)	Bedside testing equipment (e.g. Glucometer, blood tracking device, etc.) is decontaminated with Clinell® sanitising wipes prior to being taken out of the room.		

	4.	MRSA screening	
	4a)	A full MRSA screen (nose, throat, hairline, axilla, groin, perineum, any skin lesions and exit sites of indwelling devices) is sent within 24hrs of admission. Date completed:	
	4b)	For long-term patients a full MRSA screen is repeated every month. Next due:	
	4c)	The screening procedure as outlined in the GOSH 'Specimen Collection' clinical guideline is followed when taking the swabs.	
	5.	Prevention of MRSA bacteraemia	
	5a)	Peripheral cannula (if applicable): the peripheral cannula care bundle is adhered to each time a cannula is inserted or accessed.	
	5b)	Central venous lines (if applicable): the CVL care bundle is adhered to each time the CVL is accessed.	
	5c)	Central venous lines (if applicable): a Biopatch® dressing is applied to the CVL exit site. Contraindications to the use of Biopatch® are documented on the CVL record sheet.	
	6.	Cleaning of the environment	
	6a)	The room is cleaned daily with Chlor-clean by the domestic staff as per ward SLA.	
	6b)	Floor and surfaces are cleared of clutter and patient belongings prior to the domestic performing the daily clean of the room.	
	6c)	All equipment, trolleys, etc. in the patient room are cleaned with Clinell® sanitising wipes on a daily basis and as required.	
	6d)	On discharge of the patient arrange the room to be prepared for a level 2 clean and a level 2 clean is booked (level 4 clean for MRSA skin shedders).	
	7.	Laundry	
	7a)	All bed linen is changed on a daily basis. This should happen whilst the patient has the daily wash/shower/bath, so that the patient does not come into contact with dirty linen afterwards.	
	7b)	Dirty hospital linen is placed first in a red dissolvable bag and then in a brown linen bag, before being taken straight from the patient room to the sluice room.	
	7c)	The patient's clothes are changes on a daily basis and are taken home by the parents/carers to be washed at least 60°C.	
	7d)	Clean linen is taken into the room only when required. Clean linen should not be stored in the room.	