

Chlorhexidine for Nurses

Chlorhexidine decolonization protocols are recommended to reduce the risk of bloodstream infections among patients at high risk in acute care hospitals, such as in intensive care units,¹ and to reduce the risk of CLABSIs among all acute care patients with central lines.² It also has been effective at reducing the risk of methicillin-resistant *Staphylococcus aureus* (MRSA) infections after hospital discharge in patients colonized with MRSA.³ It may be helpful in reducing CLABSIs and bloodstream infections among patients with venous catheters in the home. The material was adapted from a protocol for reducing the risk of MRSA after hospital discharge.³

Your organization will decide which patient populations to focus this intervention on, which may include all patients, or patients considered by your organization to be of higher risk, such as:

- Patients receiving central parenteral nutrition
- Patients who have had CLABSIs in the past
- Patients receiving chemotherapy

You may not want to use this intervention among infants less than 2 months of age. Teach patients and caregivers about how to perform the chlorhexidine decolonization intervention.

Patients will need the following materials and supplies:

- Patient instruction manual
- Patient calendar
- Supplies for covering catheter dressing while bathing
- Washcloths and towels
- Chlorhexidine skin scrub via pump
- Chlorhexidine mouth wash
- Mupirocin nasal ointment
- Two-minute timer (phone may work)
- Walk the patient through the instructions. They should not use other soaps when showering, and be careful about which lotions to use.
- You may want to use a video to help with the instructions.
- Make the calendar for the patient so they know what to do when.



Instructions for Calendar Use

- Fill in the month and dates
- Pick the first date the patient and caregiver will implement the protocol.
- Starting on this date and for the following 4 dates (5 dates total), write “daily chlorhexidine bathing.”
- Starting on this date and for the following 4 dates (5 dates total), write “twice daily chlorhexidine mouthwash.”
- Starting on this date and for the following 4 dates (5 dates total), write “twice daily nasal mupirocin.”
- Skip two weeks from the first date.
- Repeat the process 2 weeks from the first date.
- If a patient misses one day of any of the steps, move the completion date forward by one date.
- If a patient misses more than one day of any of the steps, restart the protocol on that date.

Reference

1. Buetti N, Marschall J, Drees M, et al. Strategies to prevent central line-associated bloodstream infections in acute-care hospitals: 2022 Update. *Infect Control Hosp Epidemiol.* 2022;43(5):553-569. doi:10.1017/ice.2022.87
2. Huang SS, Septimus E, Kleinman K, et al. Chlorhexidine versus routine bathing to prevent multidrug-resistant organisms and all-cause bloodstream infections in general medical and surgical units (ABATE Infection trial): a cluster-randomised trial. *Lancet.* 2019;393(10177):1205-1215. doi:10.1016/S0140-6736(18)32593-5
3. Huang SS, Singh R, McKinnell JA, et al. Decolonization to Reduce Postdischarge Infection Risk among MRSA Carriers. *New England Journal of Medicine.* 2019;380(7):638-650. doi:10.1056/NEJMoa1716771