Decolonization:  
Staff Frequently Asked Questions  
CHG, Nasal, & Wound Care

**This document provides questions and answers to commonly asked questions. Some questions and answers may not be relevant to your unit. You should remove or edit information to match your unit’s protocols.**

Our unit will be conducting skin and nasal decolonization to reduce bacteria that can cause infection in adult patients. Skin decolonization will be conducted using **chlorhexidine gluconate (CHG)**. For nasal decolonization, we will use **mupirocin ointment**/**nasal iodophor**.

## Can Patients Refuse Decolonization?

Yes. As is the case with other medical care, patients can refuse any part of decolonization—either the CHG bath or the nasal product. However, most patients will accept decolonization once they understand that it is given to prevent infection.

For more detail, please review the [**Talking Points for Patients: CHG Bathing**](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/mrsa/071-dec-patient-talking-points-bathing.docx) and [**Talking Points for Patients: Nasal Decolonization**](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/mrsa/072-dec-patient-talking-points-nasal-decolonization.docx) in the[**Decolonization Patient Educational Resources**](https://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/decolonization-patient.html) section.

### What if a patient or patient’s family would like more information?

The [**Daily Bathing With Chlorhexidine Gluconate (CHG)**](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/mrsa/130-dec-patient-daily-bathing-chg-handout.docx) patient handout presents basic information about CHG bathing and decolonization. If more information is needed, the patient or family should be directed to the patient’s nurse or the unit’s nurse manager.

## Chlorhexidine Gluconate for Bathing

### Do MRSA-negative patients receive decolonization?

Yes. MRSA-negative patients should also receive CHG and nasal decolonization. This decolonization protocol applies to **ALL** unit patients, regardless of their MRSA status. Note: All prior policies for preoperative decolonization remain unchanged.

### Do CHG baths have to be given daily?

Yes. CHG keeps bacteria off the skin for up to 24 hours. Patients are bathed daily with CHG to provide continuous protection from infection throughout their entire stay.

### Is CHG safe to use on the perineum?

Yes, CHG is safe to use on the perineum, including the female labia and genital surface. Over 1 million CHG baths have been given in clinical trials with the direct instruction to clean the male and female perineum thoroughly.

### Are there special instructions for large or obese patients?

Yes. To be effective at removing germs, it is important to apply CHG with a firm massage on all skin areas and with a gentle massage on wounds. Pay special attention to skin folds where dirt, sweat, and germs can accumulate. Make sure that after the CHG is applied, the skin fold areas are allowed to fully dry. Placing rolled towels to prop open skin folds may help with the application or drying process. Use as many extra cloths as necessary.

### Is CHG safe to use on lines, tubes, or drains?

Yes! It is very important to clean lines, tubes, and drains in addition to the skin surrounding these devices to prevent infection. Be sure to clean at least 6 inches of any line, tube, or drain closest to the body with a clean portion of a CHG-soaked cloth or a new cloth. Nonabsorbable (non-gauze) dressings should also be wiped with a clean portion of the CHG-soaked cloth or a new cloth after the skin is cleaned.

### If my patient also has a urinary catheter, should the urinary catheter be cleaned with CHG as well?

Yes. For any patient who receives a CHG bath, it is important that you clean the 6 inches closest to the body of **ALL** the patient’s devices, lines, tubes, and drains.

### Some patients can perform their own bath. What should be used, and can the patient bathe themselves?

If able, and if the appropriate facilities are available, the patient can perform their own bath. To ensure consistent application, the nurse should provide instructions and supervision, and help with hard-to-reach areas. Remember, CHG bathing should replace all bathing needs.

### Some patients report that their skin feels sticky after a bed bath.

The sticky feeling is due to the moisturizing ingredients in pre-soaked CHG cloths and will completely go away as the CHG dries.

### Is it true that CHG can stain sheets?

When CHG comes into contact with chlorine bleach during the laundry cycle, a chemical interaction can produce a brown stain. To avoid this, do not place CHG-soaked cloths directly on sheets. Once it is applied to skin, CHG will bind to skin proteins and will not stain sheets.

### I am having trouble applying bandages after bathing my patients with CHG. Does CHG weaken bandage adhesive?

If you are having trouble reapplying a bandage after a CHG bath, it’s usually because not enough time has elapsed for drying. Allow the CHG to dry for about 5 minutes, which should be enough time for the CHG to absorb and not affect the bandage adhesive. If you cannot wait the full 5 minutes and if the patient’s skin still feels tacky, fan the area of the skin until fully dry. Do not wipe the CHG off as this will reduce its infection prevention abilities.

### What if my patient has an incontinence episode or needs freshening up throughout the day?

Use CHG for all bathing purposes, including skin cleansing after soiling, or any other additional cleaning. Do not use soap to clean incontinent patients because soap can inactivate CHG. First remove urine and stool with usual incontinence wipes or cloths and water. Next, clean with CHG and allow to air dry. Be especially thorough if there are any nearby wounds, pressure injuries, or breaks in the skin. Finally, apply CHG-compatible barrier protection over the area. Repeat as often as needed throughout the day.

### What are the most commonly missed bathing practices that need reinforcement?

1. Clean the 6 inches of any lines, drains, and tubes closest to the body, and over non-absorbable dressings.
2. Ensure that CHG is applied to skin with a firm massage.
3. Use the CHG on superficial wounds and stage 1 and 2 pressure injuries.

### How should we dispose of the used cloths?

Used cloths should be disposed of in the trash. The cloths will clog plumbing. **Do not flush. Instruct patients NOT to place the cloths in the commode or toilet.**

### Will long-term use of CHG cause bacteria to become resistant?

Despite widespread CHG use in most hospitals, CHG resistance has rarely been reported in the United States.

### I think my patient may be having a reaction to the CHG. What should I do?

Severe allergic reactions to CHG are extremely rare. Bring any potential issues related to decolonization to the attention of the treating nurse and physician, who will assess and decide necessary actions related to discontinuing the product and ordering any medications to address the reaction.

## Nasal Decolonization

### Is it okay to provide nasal decolonization if my patient is not alert?

Yes. Similar to other standing nursing protocols or order sets, the standard of care is to provide nasal decolonization unless a patient refuses. Patients who are unable to refuse will be provided nasal decolonization as the unit’s infection prevention standard of care for patients.

### What if my patients have been prescribed other nasal medications?

The patient should continue to use any nasal medications as prescribed. Some nasal products may interfere with the decolonization agent. If possible, separate the provision of those medications from the application of nasal decolonization by several hours.

### What if my patient wants to blow their nose after application?

Patients should be told to blow their noses **before** the application to help clear the nasal area. For the best effect, **encourage patients** **not to blow their noses immediately after** application.

### How important is it for the patient’s nose to be massaged for 60 seconds after the nasal mupirocin ointment is applied?

Massaging the patient’s nose will ensure that the ointment is evenly spread throughout the nostrils. Massaging can also make the patient feel more comfortable, as the ointment is thick. Sixty seconds may feel like a long time, so you can also encourage patients to perform the massage themselves if they are able.

### How do I handle missed doses of nasal decolonization?

In general, if one dose is missed, resume nasal decolonization as soon as possible on the original schedule. Do not double-up doses. If more than two doses are missed, the protocol should be restarted and a new count for 5 days of therapy should begin.

### Some patients transfer out of the unit for a short time and return in less than 24 hours. Does the 5-day nasal decolonization regimen pick up where a patient left off (e.g., day 3) or start over at day 1?

No, the nasal decolonization protocol should start over, regardless of the duration of absence. This ensures that all patients in the unit are protected for their stay.

### If a patient is transferred in from a unit where they received fully or partially completed nasal decolonization, does the nasal decolonization start again?

Yes. They should receive a new 5-day course when they arrive in the unit, even if they already received a partial or complete 5-day course of nasal decolonization in another unit.

### What if my patient develops a reaction?

Any potential issues related to nasal decolonization should be brought to the attention of the treating nurse and physician, who will decide all necessary actions related to discontinuing the product and ordering any medications to address the reaction.

### If my patient refused the last dose, should I offer it again?

Yes. This protective regimen should be encouraged among unit patients. Nasal decolonization should be considered similar to administration of any other medication. If a patient refuses a protective bath, then staff should try to offering a bath again at a later time.

Staff should assess whether the patient is refusing only at the current time (e.g., because they are tired, in pain, or feeling irritable), or whether the patient intends to refuse all further doses. Staff also should determine whether or not the patient understands the reasons for nasal decolonization (i.e., to prevent infection due to MRSA and other bacteria). Most patients will agree to nasal decolonization once they understand that it protects them from infection.

For more details, please refer to[**Talking Points for Patients: Nasal Decolonization**](https://www.ahrq.gov/sites/default/files/wysiwyg/hai/tools/mrsa/072-dec-patient-talking-points-nasal-decolonization.docx) in the[**Decolonization Patient Educational Resources**](https://www.ahrq.gov/hai/tools/mrsa-prevention/toolkit/decolonization-patient.html) section for more on how to address common patient questions.

## Wound Cleaning

### For what types of wounds is CHG safe?

CHG can be applied to any superficial wounds, including stage 1 and 2 pressure injuries, friable skin, rashes, and superficial burns. We do not recommend using CHG on packed wounds or wounds that are large or deep. Always clean skin near and surrounding any wounds thoroughly.

### How firmly should I apply CHG to a wound?

It depends on whether the wound is over a bony prominence. If the wound is not over a bony prominence, then CHG should be applied with a firm massage to ensure adequate contact and antimicrobial activity. However, if the wound is in the location of a bony prominence, a gentle massaging motion should be used to avoid causing additional soft tissue damage or extension of the wound.

### Will CHG be absorbed if I put it on a superficial wound?

There is minimal if any systemic absorption when using CHG on a superficial wound. CHG use is particularly important on open wounds to kill germs and prevent infection.

### Should I be concerned about CHG having a stinging effect on wounds?

Antiseptic over-the-counter products often contain alcohol and will sting when applied to wounds. In contrast, CHG formulations used for bathing or showering have not been found to sting across trials and studies in which over a million patients collectively have been bathed. Pre-packaged CHG cloths also contain moisturizers that can have a soothing effect on superficial wounds.

### Can I use CHG over a closed surgical incision?

Yes. CHG is beneficial and should be applied over a closed surgical incision to kill bacteria and reduce risk of infection.

### What if my surgical patient has a wound vacuum-assisted closure (VAC), dressing, or closed wound?

CHG should be applied over any semipermeable or occlusive dressing. This includes wound dressings that meet those criteria, as well as wound VACs. Apply CHG over the dressing and clean any parts of a device that is within 6 inches of the body, including wound VACs and surgical drains. CHG also can be applied over sutured or stapled wounds.

If the dressing is permeable (e.g., gauze), then use CHG up to the edge of the dressing but not on its surface.

### I am having trouble applying bandages after bathing my patients with CHG. Does CHG weaken bandage adhesive?

If you are having trouble reapplying a bandage after bathing a patient with CHG, it is usually because not enough time has elapsed for drying. After bathing a patient, allow the CHG to dry for about 5 minutes, which should be enough time for the CHG to absorb and not affect the bandage adhesive. If you cannot wait the full 5 minutes and if the patient’s skin still feels tacky, fan the area of the skin until fully dry. Otherwise, the bandage will not stick properly. Do not wipe off the CHG as this will reduce its infection prevention abilities.

### Can I use benzoin or another product to help with bandage adhesive?

Tincture of benzoin can inhibit CHG’s effectiveness. Confirm with the manufacturer that a product is CHG-compatible before use.

### There are some new nurses and nursing assistants on our unit. How can I ease any concerns they may have related to wound cleaning?

Some nurses and nursing assistants feel comfortable using CHG on superficial wounds. Remind all nursing staff that over 1 million patients have been bathed with CHG in clinical trials with explicit instructions to clean superficial wounds and stage 1 and 2 pressure injuries. Use the buddy system to pair staff who are less comfortable cleaning such sites with more experienced colleagues. Wound care nurses who are advocates of CHG bathing can also help.

**Adapted from** “Universal ICU Decolonization: An Enhanced Protocol”:

[*https://www.ahrq.gov/hai/universal-icu-decolonization/index.html*](https://www.ahrq.gov/hai/universal-icu-decolonization/index.html)

and

“Toolkit for Decolonization of Non-ICU Patients With Devices”:

[*https://www.ahrq.gov/hai/tools/abate/index.html*](https://www.ahrq.gov/hai/tools/abate/index.html)

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