Which Type of MRSA Decolonization Will Work Best in My Unit?

Universal Versus Targeted MRSA Decolonization

**Universal methicillin-resistant *Staphylococcus aureus* (MRSA) Decolonization:**

* **is a strategy wherein:** all patients in a specific hospital unit are treated with nasal decolonization for 5 days and decolonized with chlorhexidine gluconate (CHG) bathing daily throughout their stay in the unit.
* is recommended for use in intensive care units (ICUs). This includes all adult and pediatric ICUs, though the evidence is stronger for adult ICUs.
* is sometimes appropriate for use in non-ICU units, such as stepdown units, medical, surgical, or other units with high-acuity patients (e.g., oncology).
* should be considered for units with a high percentage of patients who have an increased MRSA risk due to the presence of central lines, midline catheters, peripherally inserted central catheter (PICC) lines, or lumbar drains.
* is appropriate for use in hospital units with high MRSA acquisition rates, regardless of unit type or patient acuity.

**Targeted MRSA Decolonization:**

* **is a strategy wherein:** only patients at higher risk for MRSA infection in a specific hospital unit are treated with nasal decolonization for 5 days and decolonized with CHG bathing daily throughout their stay in the unit.
* is recommended for use in non-ICU units where some, but not all patients are at higher risk for MRSA infection due to having devices such as central lines, midline catheters, PICC lines, or lumbar drains.

**OR**

* Is appropriate to decolonize patients identified as being infected or colonized with MRSA using an active or passive MRSA surveillance strategy.

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