**SUBJECT:** MRSA Nasal Screening Protocol for Antimicrobial Stewardship

**DATE ISSUED:** [Date policy created]

[Hospital Logo]

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**Background**

The absence of MRSA detection via nares swab can be used as an antimicrobial stewardship tool to de-escalate or avoid

empirical anti-MRSA agents for many different infection types and sites, including pneumonia, skin/soft tissue, diabetic foot, urine, blood, intra-abdominal, and orthopedic infections. However, the low positive predictive value makes a positive MRSA nares screening unsuitable for predicting subsequent MRSA in a clinical culture. Pharmacist-driven protocols for MRSA nares screening have been shown to reduce vancomycin utilization without compromising clinical outcomes.

**Purpose**

To allow pharmacists to order nasal MRSA PCR swabs per protocol to facilitate de-escalation of empiric antibiotic coverage of MRSA, if a nasal MRSA PCR swab has not already been ordered by the provider.

**Policy**

Nasal MRSA PCR screening will be utilized to guide de-escalation of empiric coverage of MRSA with the following exclusions:

* + Nasal MRSA PCR test performed within the last 7 days
  + MRSA in any culture in the last 12 months
  + De-colonized for nasal MRSA with mupirocin in the last 3 months
  + Cystic fibrosis patients (due to lower respiratory MRSA colonization independent of nasal colonization status)

**Procedures**

1. Pharmacist responsibilities
   1. Enter order for nasal MRSA PCR screen for new empiric vancomycin, linezolid, or daptomycin orders in the electronic health record within 24 hours. See above for exclusions.
   2. Orders will be entered using the [“Per protocol, cosign required”] mode
   3. If negative, the pharmacist will contact the provider to discuss clinical appropriateness of de-escalation of anti-MRSA therapy
   4. If positive, refer to cultures to determine if MRSA remains a likely causative pathogen. Recommend de-escalation of anti-MRSA therapy based on cultures and patient’s clinical course.
2. Nursing responsibilities
   1. Once an order for an MRSA nasal screen is received, nursing will collect the swab via standard technique and send the specimen to lab for processing as soon as possible.
3. Provider responsibilities
   1. Follow up on nasal MRSA PCR and de-escalate MRSA antibiotic coverage if negative and clinically appropriate.
   2. If positive, refer to cultures to determine if MRSA remains a likely causative pathogen. Consider de-escalation of anti-MRSA therapy based on cultures and patient’s clinical course.
   3. Providers are also encouraged to order nasal MRSA PCR screen when initiating vancomycin, linezolid, or daptomycin orders. See above for exclusions.

**References**

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