Universal Decolonization with Hypochlorous Solution in a Burn Intensive Care Unit in a Tertiary Care Community Hospital

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Message:

Infections are the leading cause of morbidity and mortality in burn patients. Patients colonized with methicillin resistant *Staphylococcus aureus* (MRSA) are at higher risk of developing an invasive infection, and MRSA is endemic in many burn units. The typical decolonization regimen of mupirocin and chlorhexidine bathing is not optimal in burn patients because of chlorhexidine limitations on non-intact skin. Therefore, the impact of universal decolonization using mupirocin and hypochlorous acid (Vashe®) bathing on MRSA infections in our burn intensive care unit was studied.

Methods:

A retrospective analysis to assess the impact of universal decolonization using nasal mupirocin and daily Vashe Wound Solution bed baths on health care–associated MRSA infections in a cohort of patients from May 2014-April 2015 was conducted. We compared this cohort with a historic cohort that included all patients admitted to the BICU from December 2012-November 2013.

Results:

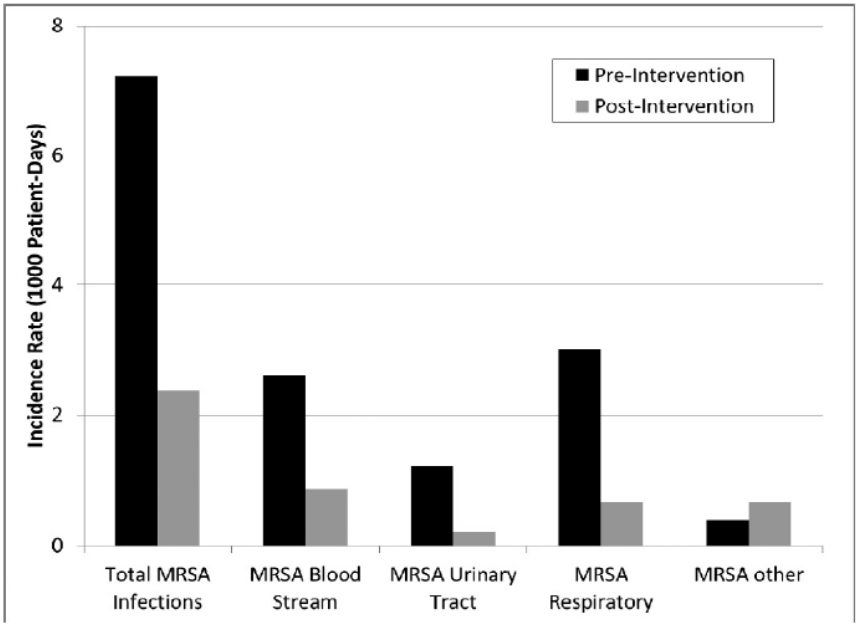

Fig 1. Methicillin-resistant *Staphylococcus aureus* (MRSA) infection rates per 1,000 patient days.

Conclusions:

Universal decolonization with Vashe bed baths and nasal mucpirocin led to a significant decrease in total MRSA infections.

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Published in:
American Journal of Infection Control
2016; 44: 1044-1046

Item #201-FY013
Rev. 09/18