



# Daily cleansing with chlorhexidine wipes in ICU

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## Introduction and Objectives:

To reduce Catheter Related Blood Stream Infections (CRBSI) in patients admitted to Critical Care.

- All patients will be washed daily with chlorhexidine wash cloths.
- All patients will have twice weekly hair wash using a chlorhexidine shampoo cap.

## Procedure for universal skin decontamination, using chlorhexidine skin cloths and shampoo cap:

ROUTINE SCREENING	
Action	Rational
<p>On admission to Critical Care all patients must be routinely swabbed for MRSA then every Monday</p> <ul style="list-style-type: none"> <li>• Nose</li> <li>• Groin</li> <li>• Any wounds present (unless it is a new surgical wound)</li> </ul> <p>Patients transferred from high risk areas (usually in patients in other hospitals) should be swabbed for CPO (Carbopenum resistant organisms)</p> <p>Rectal swab</p> <ul style="list-style-type: none"> <li>• 1 on transfer</li> <li>• A further 2 swabs 48 hours apart</li> </ul>	<p>To identify pre-existing colonization of micro-organisms</p>
SKIN DECONTAMINATION	
<p>Use chlorhexidine wash cloths daily for 7 days for all critical care patients. Level 1 - 3</p>	<p>For universal decolonisation of the skin to reduce CR-BSI</p>
<p>Routinely swab patients on <b>Monday</b> before using the chlorhexidine wash cloths</p>	<p>To identify colonisation of microorganisms</p>

Continue to use chlorhexidine skin wash cloths until advised otherwise or contraindicated	To maintain skin decolonisation
Please place a ✓Chlorhexidine wash completed sticker on the front of the observation chart once the wash cloths have been used on the patient	
<b>HAIR DECONTAMINATION</b>	
<p>Use chlorhexidine shampoo cap to decontaminate the patients hair on <b>Monday</b> and <b>Thursday</b></p> <ul style="list-style-type: none"> <li>• If a patient has no hair use a chlorhexidine wipe</li> <li>• If a head wound or device is present use a wipe around the wound and the device</li> <li>• Wash of the hair that is still present using chlorhexidine shampoo cap</li> </ul>	
Please place a ✓Chlorhexidine wash completed sticker on the front of the observation chart once the shampoo cap has been used on the patient	

### **MRSA Colonisation:**

If the patient subsequently is found to be MRSA colonized, they should be decolonized as detailed in UHB policy 004.

Locally this means continuing body and hair washing as detailed in this policy for the full 7 days before retesting, whilst adding in Mupirocin 2% (bactroban nasal) tds for 5 days.

### **Audit Criteria:**

Periodic audit of the whole unit on a single day will audit compliance with this guideline.

### **References and Further Reading:**

<https://improvement.nhs.uk/resources/epic3-guidelines-preventing-healthcare-associated-infections/>

**epic3:** National Evidence-Based guidelines for preventing healthcare associated infections in NHS hospital and England, recommended that among ICU patients, daily bathing with chlorhexidine reduces the risk of catheter related blood stream infections (CR-BSI). *Epic3. Loveday et al. Journal of Hospital Infection 86S1. S1-S70. 2014.*

