

# New Orleans infection preventionists adapt adult protocols to reduce infections in babies

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Facing persistent cases of hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) during the pandemic, the infection prevention and control (IPC) team at Children's Hospital New Orleans

developed an inexpensive nasal decolonization regimen previously used only in their adult patients that decreased rates of MRSA by 50 percent. Their results are being presented at the Association for Professionals in Infection Control and Epidemiology's (APIC's) Annual Conference in Orlando Florida, June 26-28.

Without a lot of scientific literature on nasal decolonization in the pediatric population to guide them, Infection Preventionist Jennifer Schroeder, MPH, CIC, and colleagues designed two nasal decolonization protocols to fit their patient population—one for children younger than two, and the other for children older than two. The intervention took place in the hospital's critical care units because most of the MRSA was occurring there.

The team swabbed the nostrils of patients admitted to their cardiac intensive care unit, [neonatal intensive care unit](#), and pediatric intensive care unit with an antibacterial ointment while continuing the use of chlorhexidine gluconate (CHG) bathing as had been standard practice. As a result of their intervention, hospital-onset MRSA and MRSA bacteremia rates dropped by 41% and 54% respectively.

"Nasal decolonization was already being implemented at all of the adult hospitals in our health system," said Schroeder. "We were determined to incorporate it to prevent MRSA at our hospital and show that not only would we not harm our patients, but that we could improve their outcomes. This protocol was cost effective as well—pennies on the dollar compared to the cost of treating a MRSA infection."

MRSA is associated with high morbidity and mortality and requires treatment with potent, expensive antibiotics. MRSA infections can result in postponed therapies for other conditions and longer hospital stays, prolonging a child's recovery and further disrupting their lives.

The quality improvement project occurred from November 2021 to August 2022. Compared to the pre-intervention period (January—October 2021), the hospital-onset MRSA rate/1000 patient days dropped 41%, from 1.459 to 0.867. The hospital-onset MRSA bacteremia rate/1000 patient days decreased 54%, from 0.381 to 0.173.

While the number of new admissions increased during the intervention phase, from 2,316 admissions over 15,765 patient days pre-intervention to 2,778 admissions and 17,296 patient days post-intervention, the average length-of-stay decreased from 6.8 days to 6.2 days.

"We applaud the Children's Hospital New Orleans IPC team for their perseverance in developing a successful MRSA prevention protocol for their patients and showing the utility of nasal decolonization in the pediatric setting," said 2023 APIC president, Patricia Jackson, RN, MA, CIC, FAPIC. "We hope their success inspires others to implement similar initiatives."

**More information:** Abstract: [annual.apic.org/presentation/e...-care-populations-2/](https://annual.apic.org/presentation/e...-care-populations-2/)

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