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Abstract (poster session)

Can high-level mupirocin resistance reporting be relied upon to ensure patients are prescribed appropriate treatment?

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Objectives: To determine whether patients found colonised with mupirocin resistant Methicillin Resistant Staphylococcus aureus (MRSA) on screening are prescribed effective treatment for nasal decontamination as per the MRSA policy. **Methods:** All acute and planned adult admissions are screened by nose, axilla and groin swabbing for MRSA and decolonised where necessary. 11692 MRSA screens were processed over 6 weeks. All cases of high level mupirocin and neomycin resistance were followed up to see if patients were prescribed appropriate treatment. **Results:** 240 (2.1%) MRSA positive results were reported. 30 (12.5%) had high level mupirocin resistance, and 8 (3.3%) also had neomycin resistance. 13 (43%) were new MRSA cases. The cases notes were accessible for 22 (73%) of patients. 5 patients were seen in pre-assessment clinic. 1 (20%) had the correct treatment recommended in a letter to the family doctor, 2 had mupirocin recommended and 2 had no letter sent. Of the 17 in-patients, 3 were discharged before results were available. None had letters sent. 5 new MRSA patients were not prescribed appropriate treatment until after intervention by the pharmacist (average delay = 2 days). Of the 9 previously MRSA positive patients, 7 were either mupirocin sensitive or had no sensitivities available at time of admission. All except one were correctly started on mupirocin treatment, but none were switched to the correct treatment when the new results were available, until intervention. Average delay 4 days. The 2 remaining patients with known mupirocin resistant MRSA were prescribed the correct treatment, but one took 3 days to start. So only 1(7%) was correct. **Conclusion:** There is no standard approach at ward level to check MRSA screens. Few patients have their treatment adjusted accordingly where high level mupirocin is detected, and most remain on treatment with mupirocin. Patients discharged before the results are released are rarely getting pre-printed letters sent to their family doctor or new hospital as described in the MRSA policy. Overall it can be concluded that the current web-based MRSA screen reporting process is ineffective in ensuring that patients are prescribed an appropriate agent where high level mupirocin is detected. This 0.3% of patients require different communication processes to improve this. The telephone follow up is a possible solution. It is possible that such a delay could contribute to MRSA acquisition within the Trust and possibly MRSA bacteraemia.