

Section 9-5 – Decolonization of Non-ICU Patients With Devices

Nursing Practice Guide

Use this guide to help ensure that all nursing practice processes and leadership support are in place to actively support the decolonization intervention.

Engagement and Collaboration	CHG Bath Documentation	Nasal Product Documentation	Patient/Family	Sustainment/Operations
<ul style="list-style-type: none"> Project/QI champions participate in problem-solving and discuss practice with peer group Multidisciplinary approach to problem-solving: project/QI champions, unit leadership, infection prevention, executive leadership, and physicians Unit leadership reviews customized unit adherence data at regular intervals Facility leadership reviews customized unit-specific adherence data for all participating units at regular intervals Utilize creative approach to engagement: contest, theme, etc. 	<p>Nursing documentation of CHG bath is accurate and timely:</p> <ul style="list-style-type: none"> Process to identify patients with devices Documentation of CHG bath is occurring Patient arrival before 9 p.m.: CHG bath expected before 9 p.m.* CHG bath documentation occurs once per calendar day Provide staff educational huddles for central line and wound CHG care (see huddle options in Toolkit) Escalation support pathway in effect for patient refusals Recommended timeline for documentation of improvement is 30 days 	<p>Nursing documentation of nasal product is accurate and timely:</p> <ul style="list-style-type: none"> Process to identify patients with devices Patient arrival to unit before 2 p.m.: two doses (a.m. and p.m.) documented by 9 p.m.* Patient arrival 2–9 p.m.: 1 dose (p.m.) documented by 9 p.m.* Consider retiming dose (if patient is absent from unit) and/or working with facility pharmacy to ensure 10 doses are delivered Order set reconciliation Escalation via standard pathway in the event nasal product is not ordered Recommended timeline for documentation of improvement is 30 days 	<p>Provide patient handouts for bathing and nasal product administration with illustrations and patient/provider talking points</p> <ul style="list-style-type: none"> Medical and nursing teams use scripted approach to address and escalate patient refusals Refusals are escalated via standard pathway to charge nurse, unit leadership, and attending physician; conversation does not end with initial refusal 	<p>Unit “buddy system” used to reinforce documentation of CHG bath (peer accountability)</p> <ul style="list-style-type: none"> “Just in time” refresher training is used for new staff, contract staff, and reinforced during orientation Identification of individual staff practice patterns and timely followup Patient outlier concerns and documentation questions sent to unit leadership and project/QI champion Physician concerns are escalated to physician leadership

CHG = chlorhexidine gluconate; QI = quality improvement.

*Admission-day rules and suggested documentation timing are based on the ABATE Infection Trial.

