TITLE: MRSA Screening ~ Ordered by Pharmacist

Purpose: To order MRSA nasal swab on all adult patients started empirically on vancomycin or linezolid for pneumonia to provide objective data to allow early de-escalation of MRSA coverage. Decreased use of these agents may reduce side effects (such as nephrotoxicity), antimicrobial resistance, and costs related to these agents.

Expected Outcomes: Track vancomycin and linezolid used empirically for pneumonia and reduce the length of unnecessary coverage for MRSA.

Reference Standards: MM.09.01.01

DEFINITION

Floyd will utilize nasal MRSA screening to guide de-escalation of unnecessary empiric coverage of MRSA pneumonia. Data from both critically and non-critically ill patients show that nasal MRSA screening can be effective to guide de-escalation of vancomycin and linezolid. A negative nasal MRSA PCR result has a negative predictive value of >98% for MRSA pneumonia.

Policy:

Pharmacists will order nasal MRSA screen for vancomycin or linezolid initiated empirically for suspected MRSA pneumonia in adult patients. This intervention and its impact on antimicrobial use will be tracked and reported at the Antimicrobial Stewardship and P&T Committee meetings.

- **Physician Responsibility**
  
  Sign the order for the MRSA nasal screen in Cerner, follow up on results, and de-escalate vancomycin or linezolid if negative and clinically appropriate.

- **Pharmacist Responsibility**
  
  Order nasal MRSA nasal screen for vancomycin or linezolid initiated empirically for suspected MRSA pneumonia in Cerner as “per protocol”. If the screening results are negative and the vancomycin or linezolid order is still active, a clinical pharmacist will contact the physician to see if the MRSA coverage can be discontinued.