

**POLK MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES**



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| TITLE: MRSA Screening ~ Ordered by Pharmacist | Policy No.: P-PCS-06-059 |
| <p>Purpose: To order MRSA nasal swab on all adult patients started empirically on vancomycin for pneumonia to provide objective data to allow early de-escalation of MRSA coverage. Decreased use of this agent may reduce side effects (such as nephrotoxicity), antimicrobial resistance, and costs related to the agent.</p> | <p>Developed Date: 2/20 Review Date: Revised Date: Review Responsibility: Director of Pharmacy, Clinical Pharmacist, Administrator/CNO, Infectious Disease Committee, Pharmacy and Therapeutics Committee, Antimicrobial Stewardship Committee</p> |
| <p>Expected Outcomes: Track vancomycin used empirically for pneumonia and reduce the length of unnecessary coverage for MRSA.</p> | |
| <p>Reference Standards: MM.09.01.01</p> | |

DEFINITION

Polk 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. 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 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.

◆ **Prescriber Responsibility**

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

◆ **Pharmacist Responsibility**

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