

TITLE: MRSA Screening ~ Ordered by Pharmacist	Policy No.: AHF PCS-06-059
<p>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.</p>	<p>Developed Date: 2/20 Review Date: Revised Date: 11/22 Review Responsibility: Pharmacy Directors, Clinical Pharmacy Coordinator Senior VP; Chief of Patient Services, Administrator/CNO, Infectious Disease Physician, Antimicrobial Stewardship Team, Pharmacy and Therapeutics Committee</p>
<p>Expected Outcomes: Track vancomycin and linezolid used empirically for pneumonia and reduce the length of unnecessary coverage for MRSA.</p>	
<p>Reference Standards: MM.09.01.01</p>	

DEFINITION

Atrium Health 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.

- ◆ **Physician/Prescriber Responsibility**
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 EPIC 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.