# 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** |
| --- | --- | --- | --- | --- |
| * 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. | Nursing documentation of **CHG bath** is ***accurate*** and ***timely*:**   * 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 | Nursing documentation of **nasal product** is ***accurate*** and ***timely*:**   * 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 | Provide patient handouts for bathing and nasal product administration with illustrations and patient/provider talking points   * 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 | Unit “buddy system” used to reinforce documentation of CHG bath (peer accountability)   * “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.