



Meticillin Resistant Staphylococcus aureus (MRSA)

Information for patients from the Infection Prevention and Control Team

What is Meticillin Resistant Staphylococcus aureus?

Staphylococcus aureus (often called Staph) is a bacterium often found in the nose and/or on the skin of 20 to 30% of the normal healthy population. Meticillin **(M)** Resistant **(R)** Staphylococcus **(S)** aureus **(A)** is a strain or type of Staph that is resistant to some of the antibiotics commonly used to treat infections. People with MRSA may have got it before they came into hospital, or while they were an inpatient.

Most people with MRSA are said to be carriers or colonised. This means that MRSA is in their nose or on their skin, and sometimes in wounds and other body sites, but it is not causing that person any harm.

What are the signs / symptoms of MRSA?

Most people with MRSA do not know that they have it, as it does not generally cause any signs or symptoms unless an infection is present.

MRSA infection can occur in phlegm, urine, and blood, and more commonly in wounds, including chronic wounds such as leg ulcers.

Signs of infection include a temperature, pain at or in the site of infection, redness / oozing from a wound, and changes found from a blood test which show that the patient is fighting an infection.

Is MRSA dangerous?

MRSA does not generally pose any risk to the general public. The people most “at risk” from MRSA are patients with any other serious illness / disease, and those with open wounds or small breaks in their skin where they have tubes such as a drip or a drain inserted.

How is MRSA found?

Swabs are taken from the nose and groin to detect whether or not the person is an MRSA “carrier”, and sometimes from wounds, skin breaks, or other body sites to detect infection. Samples of phlegm, blood, and urine can also be taken if infection is suspected.

The Trust has a Policy for the Management and Control of MRSA which is based on national guidelines. All patients are routinely swabbed for MRSA when they are admitted to hospital, with the exception of pregnant women admitted to the maternity wards (unless they are having a planned caesarean section).

The swabs are taken either in the preassessment clinic (PAC) before coming in for planned surgery, or the Acute Medical Unit (AMU) or on one of the wards if the patient is admitted to hospital as an emergency.

Can MRSA be treated?

People with MRSA carriage or colonisation do not need treatment with systemic antibiotics (such as tablets or liquids), these are used to treat patients with infections. The use of antibiotics where they are not needed leads to more antibiotic resistant bacteria developing.

Patients with MRSA will be given a five day course of treatment to reduce the number of MRSA bacteria they are carrying. This consists of a nasal ointment, which is applied to the inside of each nostril three times a day for five days, and a body wash (Chlorhexidine Wash Lotion) which is used when washing and then rinsed thoroughly, once a day for five days.

What precautions are taken in hospital?

Patients with MRSA may be moved to a side room in order to prevent any cross contamination to patients who may be at risk. If there are no side rooms available, patients may be nursed on the open ward with other patients who have MRSA (cohort nursing).

Patients with MRSA can have visitors. Visitors do not need to take any special precautions other than to clean their hands with alcohol hand rub on leaving the ward.

What happens on discharge from hospital?

Having MRSA does not mean that discharge from hospital will be delayed. Patients will be discharged from hospital as soon as they are medically fit.

No special precautions need to be taken at home beyond normal hygiene measures. Please ask a member of staff if you have any questions.

Swabs to find out if MRSA has been cleared are generally not needed. MRSA is only an issue in a hospital setting where patients are ill, have surgical wounds and / or tubes and drains in place that break the skin, and where staff have lots of “hands on” contact.

MRSA swabs will be taken on future admissions to hospital.

Further information

If you have any questions about MRSA, please speak to either the nurse in charge of your ward or the matron.

If they are unable to help you, please ask the switchboard to contact a member of the Infection Prevention and Control Team.

- **Kent and Canterbury Hospital**, Canterbury
Telephone: 01227 864049
- **Queen Elizabeth the Queen Mother (QEQM) Hospital**, Margate
Telephone: 01843 225544 extension 725-3625
- **William Harvey Hospital**, Ashford
Telephone: 01233 633331 extension 723-8198 or 723-8202

This leaflet has been produced with and for patients.

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 (tel://+441227783145), or email ekh-tr.pals@nhs.net (ekh-tr.pals@nhs.net)

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals website (<https://www.ekhft.nhs.uk/information-for-patients/patient-information/>).

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