

Appendix A

Physician FAQ for Positive Nares

In accordance with SB 1058, all patients with a positive MRSA screen require a physician to inform the patient or the patient's representative of the positive MRSA nares result and document this interaction in the patient's medical record. Further education regarding the significance of a positive screening result will be provided by nursing staff at the time of discharge, including delivery of a [MRSA patient education document](#).

Physician Script: “Your nose (nares) culture for MRSA came back positive. The purpose of this test is to provide you and your healthcare team information so the spread of MRSA can be prevented.”

Q: What does a positive test mean?

A: It means that at the time your nose was swabbed, the results showed you are positive for MRSA, or colonized. If you are only colonized, you are not infected and no treatment is necessary.

Possible Patient Questions

Q: Why did I get a nose (nares) culture for MRSA screening?

A: There is a new state law (SB 1058) which requires all hospitals to conduct MRSA nares (nose) screening cultures for certain subgroups of patients. You are in one of the groups, so that is why we asked that you be screened.

Q: How often do I have to get tested?

A: The law requires we test you/perform the screening test within 24 hours of admission to the hospital.

Q: Who are the groups that the law says need to be screened?

A: patient admitted to an ICU, patient receiving inpatient dialysis, patient who has been previously discharged from a general acute care hospital within 30 days prior to the current hospital admission, patient transferred from a skilled nursing facility and certain categories of surgical patients, although they have not yet been defined (we are waiting for clarification from the State).

Q: Will I be placed in isolation?

A: If only your nose (nares) culture is positive, you will not be placed in isolation as you are only colonized, and not infected.

Q: If I am positive, will anyone give me additional information?

A: Your nurse will give you MRSA patient education at discharge both in a handout and verbally. You can take the handout home.

Q: Is there anything that I as a patient can do while I'm in the hospital?

A: Your healthcare providers will wash their hands or use gel before and after caring for you. If you do not see your providers clean their hands, please ask them to do so.

Q: Does being colonized with MRSA increase my risk of getting an infection?

A: If you are colonized with MRSA and do get an infection, you are more likely to get an infection with MRSA. With the nose screening information I will know what antibiotics are best to use.

Q: What should my family members do?

A: Your family members DO NOT need to be tested. At home, you need to focus on good hand hygiene (hand washing).

Physician Questions

Q: If the patient has a positive nares result, should I treat topically?

A: Mupirocin, a topical treatment, offers little benefit for an asymptomatic patient. Like all antibiotic treatments, treatment with Mupirocin may increase the risk of resistance. Our strategy is to treat infection, not colonization.

Q: If I have MRSA treatment questions, who can I contact to obtain additional information?

A: The Infectious Disease Service is available to answer questions regarding treatment options for infected patients vs. those who are only colonized.

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