



MRSTAPH CRISIS UPDATE

FACTS:

1. MRStaph is getting worse each year increasing liability exposure.
2. MRStaph is contagious and zoonotic (apx 5%)
 - a. MRStaph aureus: from people to animals back to people
 - b. MRStaph pseudintermedius: from dogs to people
 - c. MRStaph schleferi: equally zoonotic
3. Immunosuppressed people are at increased risk (infants, elderly, chemotherapy, lupus, organ transplant patients, HIV, etc)
4. Steroids and FQ antibiotics increase the risk of MRStaph.
5. Identifying and treating the patients primary disease is essential.

What to Do:

1. Discuss and inform your staff and implement CDC MRSA Guidelines.
2. Discuss and inform your clients and **Get signed disclosure and consent form**
3. Stop all steroids as even low doses inhibit WBC activity that is essential.
4. Monitor the infection with frequent cultures.
 - a. Combine several antibiotics to treat the MRStaph.
 - b. Use frequent topical disinfection as often as possible.
5. Assess contagion/zoonosis risk for the family and your staff:
 - a. Offer to refer the patient for treatment.
 - b. Offer to hospitalize the patient for treatment in isolation facility.
 - c. Offer foster care for the patient with family willing to assume the risks.
 - d. Educate the family about home isolation and infection prevention measures.
6. Treat the primary disease **AGGRESSIVELY!**

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