# MRSA

**MRSA (Methicillin Resistant *Staphylococcus aureus* )**

MRSA = *S. aureus* that is **resistant to Flucloxacillin** and most other β-lactam antibiotics (e.g. co-amoxiclav, piperacillin-tazobactam, ceftriaxone).

**When to suspect MRSA infection:**

1. Compatible clinical presentation

- An infection usually caused by *S. aureus* such as skin and soft tissue infections, line (CVC or PVC) related infections, bone and joint infections, sepsis, and acute infective endocarditis

AND

2. At-risk patient

- A history of MRSA colonisation or infection.
  - Please check medical notes, laboratory results and any current Infection Control alerts such as Laboratory SIF, IPMS Infection Control alert, etc.), or
- Risk factors for MRSA colonisation or infection such as:
  - Recent hospitalization (within 12 months), or
  - Transfer from another hospital or residential care facility.

Please refer to most recent Policy on Control and Prevention of Methicillin Resistant Staphylococcus aureus (MRSA) in Acute Hospitals in the HSE/SE for additional information.

If MRSA infection is suspected, consider the addition of a glycopeptide (vancomycin or teicoplanin) to the empiric antimicrobial regime.

**Vancomycin Dosing Schedule**

**Teicoplanin Dosing Schedule**

- Consider stopping glycopeptide if based on culture results there is NO evidence of MRSA colonisation or infection.

**MRSA eradication therapy:**

- Please refer to most recent edition of: Policy on Control and Prevention of Methicillin Resistant Staphylococcus aureus (MRSA) in Acute Hospitals in the HSE/ SE.