

# Client Risk Assessment

## Management of MRSA

<b>Date</b>	
<b>Name of Person Completing Form</b>	

<b>Clients Name</b>	
<b>Date of Birth</b>	

	Yes	No	Comments
Has the client had an MRSA Infection or been colonised with MRSA previously?			If yes state where on the body
Is the client currently MRSA positive?			State where on the body
Has the client been a hospital inpatient within the last 2 months?			
Does the client have any pressure sores/wounds?			
Does the client have any invasive devices such as catheters/peg feeding tubes etc?			
Is the client having suppression treatment for MRSA or have they had any in the last 3 months?			Nose cream YES/NO If yes what  Body Wash YES/NO If yes what
Is the client currently on any antibiotics, or have they had any in the last 2 months?			If yes state what antibiotics
Is there a specific care plan for MRSA in place in the client's notes?			

**Identify the potential risks to staff and other clients**

*Cross Infection*

**Identify what actions need to be taken to minimise the risk identified**

*Hand hygiene*

*Use of PPE (Gloves and Aprons)*

*Increase environmental cleaning*

*Clean patient equipment*

*Provide leaflets*

*Observe for the signs and symptoms of infection e.g. increased temperature, heart rate and confusion.*

*Hospital/other healthcare facility if to be admitted or transferred*

**Identify others that need to be informed**

*District Nurses*

*GP*

*Podiatrist*

*Family Members*

**What are the benefits from identifying the risks**

*Minimise the risks of cross contamination*

**What specific care does the client require? And what action needs to be taken**

*E.g. application of suppression treatment, dressing changes etc, wearing of PPE, Hand Hygiene etc*

**Ensure that a specific care plan is in place for the ongoing management of MRSA**