



# Managing Your Child's MRSA

## How to treat your child's MRSA at home

MRSA (MER-suh) stands for methicillin-resistant *Staphylococcus aureus*. This kind of bacteria does not respond to treatment with common drugs. It is important to prevent the spread of MRSA.

MRSA (MER-suh) stands for methicillin-resistant *Staphylococcus aureus*. This type of bacteria does not respond to treatment with common drugs. To learn more about MRSA, please see the flyer titled "[MRSA at Children's](#)" or other materials that your child's healthcare provider gives to you.

### What does antibiotic resistance mean?

Germ called bacteria may cause infections. Antibiotics are drugs used to treat infections caused by these bacteria. Sometimes, some of these drugs will no longer kill the germs. This is called antibiotic drug resistance. This means that MRSA is harder to treat.

### Why is MRSA a problem?

Sometimes, you can have MRSA living on your skin or in your nose, but not have any signs or symptoms. Once it is on your skin, it can get inside a scrape or a cut. This can cause infections. These could be mild, or they could be very serious and life-threatening.

### How did my child get MRSA?

MRSA is increasing in our community, so we have more and more children and adults who have it. It can be passed by:

- Touching or being very close to someone who has MRSA
- Touching things that have also been touched by someone who has MRSA

Having MRSA does not mean that there is anything wrong with your or your child's immune system – healthy people can get MRSA.

### Treating your child for MRSA

Most MRSA infections can be treated with medicine and proper skin care. Over time, your child's normal skin organisms may take the place of MRSA. One of the ways to make sure your child and family stay healthy is to reduce the amount of MRSA bacteria on their skin and in their noses. Reducing MRSA bacteria is called "decolonization" (dee-coll-in-eye-ZAY-shun).

There are many things you can do for MRSA decolonization. Some are things that all children with MRSA should do. If this is your child's first MRSA infection, these general steps might be enough to decolonize. If your child has had MRSA before, or if other family members in the household have had MRSA, it might be important to take extra steps.

This flyer includes a list of things that all children should do for MRSA decolonization. It also includes a list of the things your child and family should do if MRSA has been a problem before. If you have any questions about what your family should do, talk to your child's provider about what steps to follow.

### **Things that all children with MRSA and their family members should do:**

- Keep fingernails cut short.
- Change underwear, towels, washcloths, and sleepwear each day. It is important to wash these items often.
- Wash bed sheets and pillow cases every week in the hottest water possible. 160 degrees or hotter is best. Dry these using the high heat setting on the dryer.
- Keep cuts and scrapes clean, dry and covered with a bandage until they heal.
- Avoid sharing personal items like towels, washcloths, razors, clothes or uniforms. You should also avoid sharing brushes, combs and makeup.
- If you or your child bathes with loofahs or nylon scrubbers, everyone should use only their own.

### **Steps to take if your child or another family member has had a MRSA infection before:**

The MRSA bacteria is passed between people who are around each other often. It can be hard to get rid of, especially when someone in the family has MRSA on their skin that they pass to others.

If your child or someone else in the family has had a MRSA infection before, it is important to take some extra steps to decolonize. If MRSA has been a problem before, all family members who are living in the same house or apartment should take the steps that your child's provider recommends.

**It is important to take only the steps below that your child's healthcare provider checks for your child's treatment.**

#### **Antibiotics**

It is very important to carefully follow the instructions for taking the antibiotics. This means taking them on time and finishing the entire course of treatment, even if you feel better after a few days. Stopping the treatment early or skipping a dose could let the bacteria become more resistant. This could let the infection spread so that it needs longer treatment.

#### **❑ Antibiotics in the nose (topical antibiotics)**

Bactroban (BAK-tro-ban), also called mupirocin (myoo-PEER-oh-sin), comes as ointment or cream. It is used in the nose to help with decolonization. This can decrease the chances of the infection coming back. Your provider may recommend that all family members use Bactroban in the nose.

- To use Bactroban, put a small amount of cream or ointment on one end of a cotton-tip swab (Q-tips). Apply the medicine all around the inside of one nostril. Then, put the cream or ointment on the other unused end of the cotton-tip swab, and apply the medicine inside the other nostril. Do this twice a day for 5 days.

- If your child is taking antibiotics by mouth for a current infection:
  - Starting 2 days before your child finishes the antibiotics by mouth, put Bactroban in your nose and in your child's nose 2 times a day
  - Keep doing this for 3 more days after they are finished with antibiotics by mouth (for 5 days total).
  - If your doctor recommends Bactroban for everyone in the household, everyone should start this at the same time.
- If you notice new skin lesions when they are just beginning, use warm compresses (warm water on a wash cloth) for 10 minutes 3 times each day. Then, put Bactroban ointment or cream directly on the lesion using a cotton-tip swab.

### **Antibiotics by mouth (oral antibiotics)**

Your child's provider may have recommended treating your child's MRSA infection with antibiotics by mouth. Your child may be taking either Bactrim (also called trimethoprim and sulfamethoxazole) or clindamycin (klin-da-MIE-sin), also called Cleocin.

- Your child may need to take the antibiotic by mouth for as short as 5 days, or as long as 14 days. This depends on how serious the infection is. Your child's provider will tell you how long to give it to your child.
- If your child has had many infections with MRSA before, your child's provider may recommend giving them 2 antibiotics by mouth instead of 1. They may have you give either Bactrim or clindamycin as the first drug, and an antibiotic called rifampin (RIFF-am-pin) as the second drug. Rifampin can cause your child's urine and bowel movements to look orange. This is normal and will stop when the antibiotic is finished. Be sure to follow instructions for both antibiotics when you give them to your child.

## Washing

### **Using Hibiclens soap**

Using a wash cloth, wash under arms, creases in groin or diaper area and bottom (avoid openings) with Hibiclens liquid soap, leaving on for a minute then rinsing off. Do this 3 times a week for 4 weeks.

- This soap may make the skin dryer than usual, so use lotion afterwards.
- Make sure to put wash cloth and towels directly into laundry right afterwards.

### **Giving bleach baths**

Give your child bleach baths twice a week for at least 15 minutes with any kind of soap. Bleach baths can be a good treatment for children **who do not have broken skin or eczema**. They can help prevent MRSA from coming back. Use lotion after the bath, because a bleach bath can dry out the skin.

- Add one teaspoon regular strength household liquid bleach for each gallon of bath water. The bleach should say "sodium hypochlorite 2.63%" on the label.

### To Learn More

- Your child's healthcare provider
- [www.seattlechildrens.org](http://www.seattlechildrens.org)

Measure the water so you know how much bleach to put in. You can do this by filling the bathtub with a 1-gallon milk jug. Then, you can add an equal number of teaspoons of bleach.

- Another way to find out how much bleach to put in: an average full bathtub (adult level) holds about 40 gallons of water. Usually, children use about half as much water in the tub. For a 20 gallon (child level) bath, add  $\frac{1}{4}$  cup bleach for each bleach bath.

### Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers: 206-987-2280 (TTY).

---

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

© 2008 - 2010 Seattle Children's, Seattle, Washington. All rights reserved.

---