

MDS Alert

Infection Control: 2 Clinical Tips Will Keep You From Missing An MRSA Case

Suspect a resistant bug when you see these clinical scenarios.

Detect and treat methicillin resistant Staph aureus at the get-go to promote optimal outcomes and to prevent spread of the potentially deadly infection.

Two clinical scenarios should raise your index of suspicion that MRSA is at hand.

- Surgical wound infections. "Staph is the leading cause of surgical site infections -- and up to 60 percent will be MRSA," advises **James Marx, RN, CIC**, an infection control expert in San Diego. "So you should culture a surgical site infection."
- Necrotic wounds diagnosed as spider bites. So-called "spider bites" can really be a methicillin resistant Staph aureus infection, warns **Steven Warren, MD, DPA**, a medical director of several nursing homes in Texas.

Best advice: "Culture any necrotic wound believed to be a spider bite where you don't actually see a spider," he advises. Also check with the public health department to see if brown recluses or other spiders known to cause serious lesions inhabit the area. The few brown recluse spider bite cases that Warren has treated in nursing homes were in Texas, which has the spiders -- and the person actually saw the spider, he says.

Free resources: Print a map showing where brown recluse spiders and related species live at <http://spiders.ucr.edu/images/colorloxmap.gif>.

Check out pictures and descriptions of brown recluse spider bites at <http://www.emedicine.com/EMERG/topic547.htm#target1>.