



**S**hared  
**H**ealthcare  
**I**ntervention to  
**E**liminate  
**L**ife-threatening  
**D**issemination of MDROs

## **Nursing Protocol: Showering with 4% Liquid Chlorhexidine**

### **Who should receive chlorhexidine?**

- Adult residents in nursing homes

### **Excluded residents**

- Known allergy to chlorhexidine (CHG)

### **Who can administer CHG?**

- Nurses, nursing assistants, and any other healthcare worker trained on giving a bath or shower

### **Protocol for Showering with 4% Liquid Chlorhexidine**

- Provide one-page instruction sheet for residents on CHG showering to read prior to beginning shower (“Resident CHG Shower Instructions”). Residents will be more likely to read the instructions in their spare time.
- Provide resident with a mesh sponge or non-cotton cloth to lather CHG onto the body. Do not use cotton cloths – cotton binds CHG and does not release CHG well onto the skin. In addition, when laundered, CHG on cloths can mix with bleach and cause a brown stain.
- Educate the resident that CHG works better than soap and water in removing bacteria from the skin and that **other soaps should be avoided**.

- Inspect resident's skin for any pre-existing lesions, wounds or rashes prior to the first showering with CHG. Document if there are any. Although rare, CHG can cause allergic reaction. To help properly address this potential concern, nurse should be aware of any pre-existing lesions that resident has prior to the first CHG shower. This will help to distinguish between product-related and product-unrelated reactions if any occur.
- If the resident is self-showering, provide the resident with the following verbal instructions:
  - Use liquid CHG as shampoo in addition to body cleansing.
  - Wet skin with water. Turn off water or stand out of water stream.
  - Put CHG onto sponge or non-cotton cloth and rub until it is foamy.
  - Firmly massage all over skin in the same order as CHG cloth instructions. **Reapply CHG generously to keep cloth full of foamy lather.**
  - **For best results, leave soapy lather on skin for 2 minutes.** 2 minutes is about the time it takes to soap up all body areas and then do it again before rinsing.
- Dry well with towel after rinsing.
- If devices or wounds were wrapped for showering, unwrap these areas and use a CHG cloth to clean over device dressings, the 6 inches of all tubes/lines/drains closest to the resident, and all wounds that are not packed.
  - CHG should be encouraged for hair, face, and body use. However, if residents insist on using personal shampoo or face products, instruct them to use their personal products first, rinse well, and keep personal bathing products off of the body because regular soaps and shampoos prevent CHG from working well. Only CHG should be used on the sponge or cloth.

### **IMPORTANT REMINDERS for CHG Showering**

- Do not use regular soap with CHG. Many soaps inactivate chlorhexidine. CHG works better than soap and water in deeply cleansing the skin.

- Ensure thorough cleaning, with special attention to commonly soiled areas such as the neck, skin folds, and perineal areas. CHG is safe to use on perineal areas, including external mucosa.
- For candidal rashes, note that CHG is active against candida. However, be sure that the CHG is dry between body folds. Fan the area with the blue insulator to aid drying. If not completely dry, rashes may worsen.
- CHG is safe for superficial wounds, including stage 1 and 2 decubitus ulcers, superficial burns, as well as rashes and abrasions. These areas are at high risk for infection and CHG kills germs and helps prevent infections. Do not use on large or deep wounds, (e.g. packed wounds).
- Use CHG for all bathing purposes, including full-body bathing, cleaning after incontinence clean up, or any other reasons for additional cleaning. This includes the face; however avoid contact with eyes and ears.
- If moisturizer is needed, provide resident with CHG-compatible lotion.
- Allergic reactions are rare, but can occur. If a resident experiences a reaction possibly related to CHG product, contact the resident's treating physician for all clinical decisions on whether to stop the product or provide any medication to address a possible reaction.
- Maintain facility policies for covering devices, including dressings to prevent water penetration and introduction of water borne bacteria.