Chlorhexidine Gluconate 0.5% in Isopropyl Alcohol

Prescriber Criteria: Consultants (for TPN only)
Infection Control Policy

Outpatient use:

1. Small Intestinal Failure - Patients on Total Parenteral Nutrition

Duration of Approval:
5 years

Inpatient use:

1. Proper hand hygiene in surgical wards,
2. All cases of barrier nursing, and
3. Serious outbreaks of *Methicillin-Resistant Staphylococcus Aureus*.