



**HANDLE  
WITH  
CARE!**

## Secondary Care Prescriber's Checklist

# Antibiotics

**–Overuse and incorrect use drives resistance**

### START SMART:

- do not start antimicrobial therapy unless there is clear evidence of infection
- take a thorough drug allergy history
- initiate prompt effective antibiotic treatment within one hour of diagnosis (or as soon as possible) in patients with severe sepsis or life-threatening infections. Avoid inappropriate use of broad-spectrum antibiotics
- comply with local antimicrobial prescribing guidance
- document clinical indication (and disease severity if appropriate), drug name, dose and route on drug chart and in clinical notes
- include review/stop date or duration
- obtain cultures prior to commencing therapy where possible (but do not delay therapy)
- prescribe single dose antibiotics for surgical prophylaxis where antibiotics have been shown to be effective
- document the exact indication on the drug chart (rather than stating long term prophylaxis) for clinical prophylaxis

### THEN FOCUS:

At 48 – 72 hours; **review the patient and make a clinical decision** “the Antimicrobial Prescribing Decision” on the need for on-going antibiotic therapy.

Does patient's condition and/or culture result(s) necessitate:

- Stop of antibiotic therapy (if no evidence of infection)
- Switch from intravenous to oral therapy
- Change: de-escalation/substitution/addition of agents
- Continuation of current therapy
- Outpatient Parenteral Antibiotic Therapy (OPAT)

**Document Decision  
& Next Review Date  
or Stop Date in  
clinical notes and  
drug chart**

Reference: Antimicrobial Stewardship Toolkit for Secondary Care: *Start Smart – then Focus*

Available at: <https://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus>  
SSTF was developed by Public Health England and the Department of Health expert advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)