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)

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)