

# ANTIBIOTICS & INFECTION PREVENTION

## HOW MUCH DO YOU KNOW? TRY A QUIZ FOR PRESCRIBERS Are the following statements True or False?

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|----|--|--------------|
| 1  | Antibiotic empirical (best guess) guidelines recommend the same antibiotic for the same condition in every Trust in UK   | True / False |
| 2  | Antibiotic resistance is due to the human body, not the bacterial cell   | True / False |
| 3  | IV vancomycin can be used to treat <i>Clostridium difficile</i> infection  | True / False |
| 4  | If a patient is colonised with MRSA in their groin, they just need Octenisan as a body wash and not mupirocin nasal ointment for their nose  | True / False |
| 5  | Tazocin is a penicillin and must not be given to patients who have had anaphylaxis when given flucloxacillin   | True / False |
| 6  | Patients who have a history of infection with an extended spectrum beta-lactamase producing organism (ESBL) should be isolated to protect other patients                           | True / False |
| 7  | If <i>Pseudomonas</i> and anaerobes are isolated in a venous leg ulcer, the patient should always be treated with antibiotics  | True / False |
| 8  | Vancomycin levels should be taken 6-14 hours after the dose has been given   | True / False |
| 9  | If a patient's urine smells 'strong', they must have an infection and need antibiotics   | True / False |
| 10 | It is important to document the indication for any antibiotic prescriptions on the drug chart so that the antibiotic can be stopped or changed if an alternative diagnosis is made | True / False |

**PLEASE SEE OVERLEAF FOR THE ANSWERS – NO PEEKING!**

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## PRESCRIBERS QUIZ – ANSWERS

- 1 **Antibiotic empirical (best guess) guidelines recommend the same antibiotic for the same condition in every Trust in UK**  
False – the resistance patterns are different in every trust and guidelines must reflect the expected organisms for each organisation
- 2 **Antibiotic resistance is due to the human body, not the bacterial cell**  
False – resistance is a mechanism developed by the bacterial cell
- 3 **IV vancomycin can be used to treat *Clostridium difficile* infection**  
False – IV vancomycin does not produce high enough levels in the GI tract so oral or rectal must be used
- 4 **If a patient is colonised with MRSA in their groin, they just need Octenisan as a body wash and not mupirocin nasal ointment for their nose**  
False – decolonisation must take place for body and nose if any part of the body is colonised
- 5 **Tazocin is a penicillin and must not be given to patients who have had anaphylaxis when given flucloxacillin**  
True – Tazocin is a penicillin, as is flucloxacillin, and anaphylaxis is likely with both drugs if there is a history with either
- 6 **Patients who have a history of infection with an extended spectrum beta-lactamase producing organism (ESBL) should be isolated to protect other patients**  
True – this is especially important if patients are incontinent
- 7 **If *Pseudomonas* and anaerobes are isolated in a venous leg ulcer, the patient should always be treated with antibiotics**  
False – *Pseudomonas* may be a coloniser in a venous leg ulcer and stringent wound toilet should reduce the bacterial load. Using antibiotics can lead to resistance
- 8 **Vancomycin levels should be taken 6-14 hours after the dose has been given**  
False – Vancomycin levels should be taken immediately before the dose (a trough level)
- 9 **If a patient's urine smells 'strong', they must have an infection and need antibiotics**  
False – smell is not an indicator of infection
- 10 **It is important to document the indication for any antibiotic prescriptions on the drug chart so that the antibiotic can be stopped or changed if an alternative diagnosis is made**  
True – not knowing the indication for an antibiotic makes it difficult for staff new to the patient to monitor or adjust the prescription