

Prescribing antimicrobials

- Overuse and incorrect use drives resistance

Start smart:

- Assess patient for clear evidence of infection
- Perform a comprehensive patient risk assessment
- Obtain appropriate specimens for culture
- Follow local guidelines for ordering appropriate laboratory investigations
- Implement any required source control interventions
- Initiate prompt antimicrobial treatment for patients with severe sepsis or life-threatening infections based on local guidelines
- Comply with local antimicrobial prescribing guidance informed by local resistance patterns or national guidance (as appropriate)
- Take a detailed drug allergy history, document and consider de-labelling allergies where appropriate
- Avoid indiscriminate use of broad-spectrum antimicrobials
- For surgical prophylaxis – prescribe single-dose antimicrobials where single-dose antimicrobials have shown to be effective
- Document evidence of infection, working diagnosis (and disease severity), drug name, dose, formulation and route on the prescription chart and in the clinical notes
- Consider using the ‘Antibiotic Review Kit (ARK) Decision Aids’ to categorise prescribing for possible or probable infection
- Include treatment duration where possible or specify a review date
- Record a clear clinical plan for patient management
- If clinically essential to consider medical prophylaxis with antimicrobials, document clearly the indication and plan for review

HANDLE WITH CARE

Then focus:

Within 48 to 72 hours, review and revise the clinical diagnosis and the continuing need for antimicrobials and document a clear plan of action from the antimicrobial review outcomes.

The 5 antimicrobial review outcomes (CARES) are to:

- Cease** antimicrobial prescription if there is no evidence of infection
- Amend** antimicrobials – ideally to a narrower spectrum agent – or broader if required
- Refer** to non-ward-based antimicrobial therapy services for appropriate patients if available
- Extend** antimicrobial prescription and document next review date or stop date
- Switch** antimicrobials from intravenous to oral according to national IVOS (intravenous to oral switch) criteria



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