

Start smart then focus Resource materials: audit tools, review stickers and drug charts

Examples provided by hospitals

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Executive summary

This section of the 'Start smart then focus' antimicrobial stewardship toolkit for inpatient care settings contains antimicrobial stewardship resource materials.

'Start smart then focus' tools:

- algorithms
- prescriber's checklist which can be printed and provided as aide-memoire for prescribers

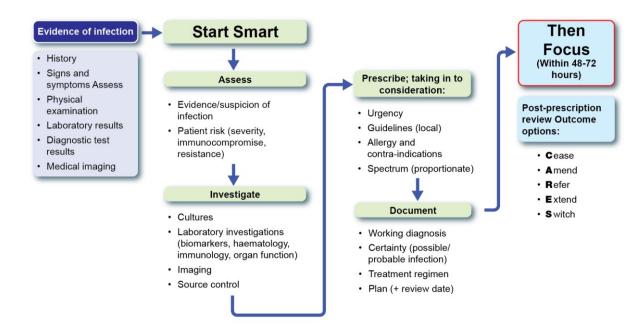
Examples of antimicrobial stewardship resources provided by hospitals:

- audit tools
- review stickers
- · drug charts with specific antibiotic prescribing sections

The UK Health Security Agency (UKHSA) presents the resources provided by hospitals as examples only.

Start smart then focus - tools

Antimicrobial stewardship – clinical management algorithm



This figure shows a flowchart of the 9 steps taken during clinical management of an infection. The first box has the title 'Evidence of infection' and 6 bullet points. These points are: history, signs and symptoms, physical examination, laboratory results, diagnostic test results and medical imaging.

There is an arrow from the evidence of infection box to the second box which says 'Start Smart'.

A second arrow links to a third box. The third box has the title 'Assess' with 2 bullet points: evidence or suspicion of infection and patient risk (severity, immunocompromise, resistance).

A third arrow links to the fourth box. The fourth box has the title 'Investigate' with 4 bullet points: cultures, laboratory investigations (biomarkers, haematology, immunology, organ function), imaging and source control.

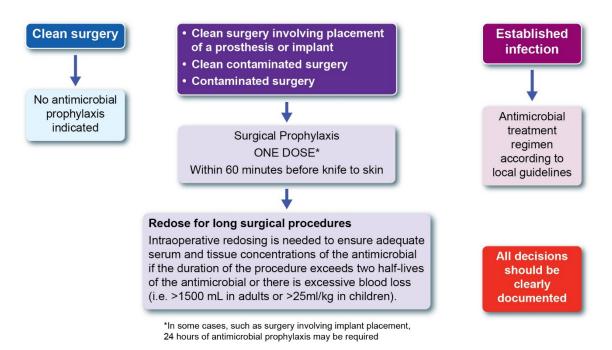
A fourth arrow links to the fifth box. The fifth box has the title 'Prescribe (taking into consideration)', with 4 bullet points: urgency, guidelines (local), allergy and contra-indications and spectrum (proportionate).

A fifth arrow links to the sixth box. The sixth box has the title 'Document' with 4 bullet points: working diagnosis, certainty (possible or probable infection), treatment regime and plan plus review date.

A sixth arrow links to the seventh box which says 'Then Focus'. A seventh arrow the links to the final box with the title 'Post-prescription review outcome options'. This box contains 5 bullet points: cease, amend, refer, extend and switch.

Advocating patient safety and auditing of antimicrobial stewardship in hospitals should be based around the principles stated in this algorithm. Examples of audit tools are shared in the following pages.

Antimicrobial stewardship – surgical prophylaxis algorithm



This figure contains information on the surgical prophylaxis algorithm. Boxes are arranged in 3 columns.

The first column contains 2 boxes; the top box says 'Clean surgery'. An arrow links from the top box to the box underneath. The second box says 'No antimicrobial prophylaxis indicated'.

In the middle column the top box contains 3 bullet points: clean surgery involving placement of a prosthesis or implant, clean contaminated surgery, contaminated surgery. An arrow links to a second box underneath the first, containing the text 'Surgical prophylaxis, one dose within 60 minutes before knife to skin'. An asterisk after the line one dose links to the caveat 'In some cases, such as surgery involving implant replacement, 24 hours of antimicrobial prophylaxis may be required'. A second arrow links from the second to the bottom box with the title 'Redose for long surgical procedures' and the text 'Intraoperative redosing is needed to ensure adequate serum and tissue connections of the antimicrobial if the duration of the procedure exceeds 2 half-lives of the antimicrobial or there is excessive blood loss (for example >1500mL in adults or >25ml per kg in children)'.

Start smart then focus – resource materials: audit tools, review stickers and drug charts

The final column contains 3 boxes. The top box contains the text 'Established infection'. An arrow links to the box underneath which contains the text 'Antimicrobial treatment regimen according to local guideline'. A final box in the bottom right of the figure contains the text 'All decisions should be clearly documented'.

Advocating patient safety and auditing of antimicrobial stewardship in hospitals should be based around the principles stated in this algorithm. Examples of audit tools are shared in the following pages.

Start smart then focus – prescriber's checklist

This can be printed and provided as an aide-memoire for prescribers.



'Start smart then focus' secondary care prescriber's checklist

Prescribing antimicrobials

· Overuse and incorrect use drives resistance

Start smart:

Assess patient for clear evidence of infection	HANDLE WITH CARE
Perform a comprehensive patient risk assessment	HANDLE WITH CARL
Obtain appropriate specimens for culture	
Follow local guidelines for ordering appropriate laboratory investig	gations
Implement any required source control interventions	
Initiate prompt antimicrobial treatment for patients with severe sep based on local guidelines	osis or life-threatening infections
Comply with local antimicrobial prescribing guidance informed by national guidance (as appropriate)	local resistance patterns or
Take a detailed drug allergy history, document and consider de-la appropriate	abelling allergies where
Avoid indiscriminate use of broad-spectrum antimicrobials	
For surgical prophylaxis – prescribe single-dose antimicrobials whave shown to be effective	nere single-dose antimicrobials
Document evidence of infection, working diagnosis (and disease sformulation and route on the prescription chart and in the clinical research	• / •
Consider using the 'Antibiotic Review Kit (ARK) Decision Aids' to possible or probable infection	categorise prescribing for
☐ Include treatment duration where possible or specify a review date	е
Record a clear clinical plan for patient management	
If clinically essential to consider medical prophylaxis with antimicr indication and plan for review	obials, document clearly the
n 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:

switch) criteria

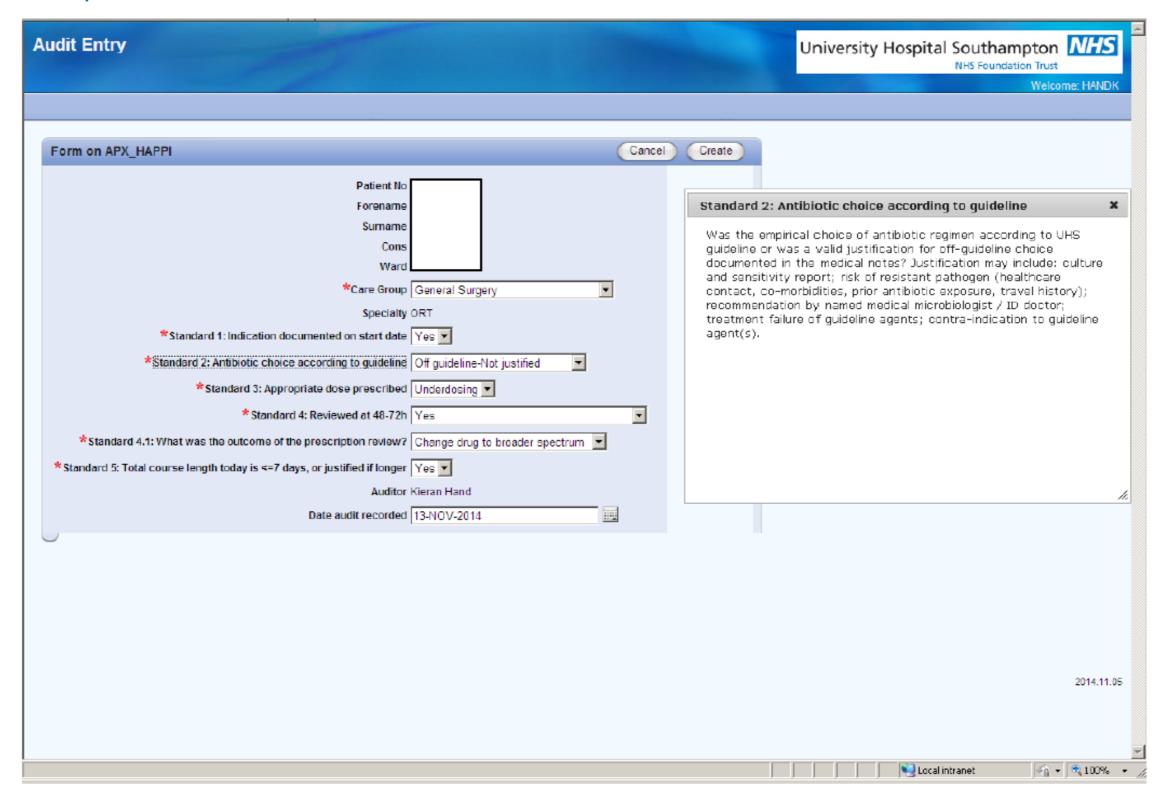
Cease antimicrobial prescription if there is no evidence of infection	WORLD 🔔
Amend antimicrobials – ideally to a narrower	AMR
spectrum agent – or broader if required	AWARENESS WEEK
Refer to non-ward-based antimicrobial therapy services for appropriate patients if available	18-24 NOVEMBER
Extend antimicrobial prescription and document next review date or stop date ANTIBIO	TIC
Switch antimicrobials from intravenous to oral according to national IVOS (intravenous to oral	

Reference: Antimicrobial stewardship toolkit for secondary care: Start smart then focus

Available at Antibiotics: secondary care prescriber's checklist

Examples of antimicrobial stewardship resources provided by hospitals

Best practice audit tools



Example shared by Southampton University Hospitals NHS Trust (In November 2014, for a previous version of this document).

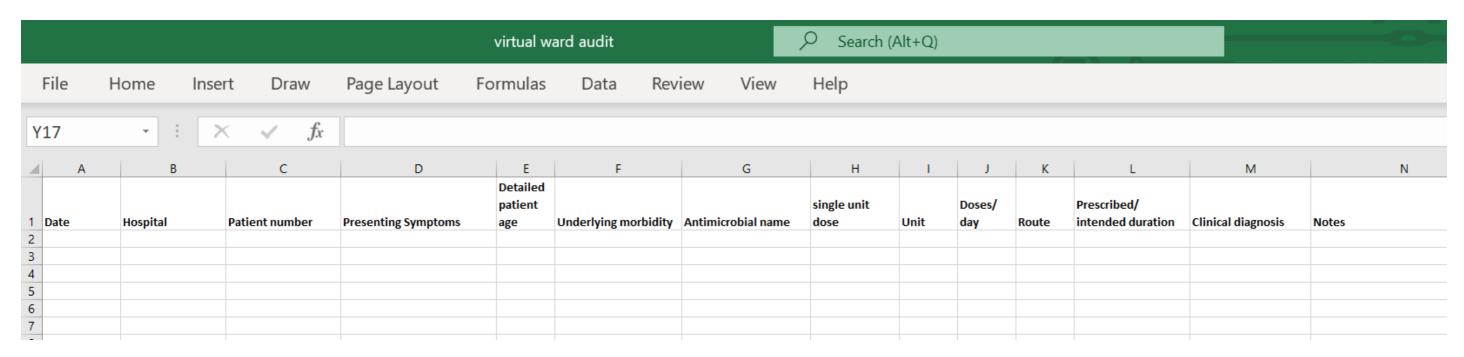
Year	Month Ward Auditor Name					Medical Notes – Prescribing Indicator Questions						
								1) Documentation	2) Guideline prescribing or justified off-guideline Rx*		3) Duration to date	
	Drug Chart (complete one line below for <u>each</u> antimicrobial)							of indication*	Choice of antimicrobial	Off-guideline prescribing	IV duration on audit day*	Total duration (IV + oral) on audit day for this indication*
Date	Hospital number	Allergy box filled*	Antimicrobial name	Route	Course start date (IV/oral)	Review or stop date on chart*	Consultant team	Documented indication or provisional diagnosis?	Guideline antimicrobial for indication	Valid reason documented on start date§	 IV duration currently ≤ 48h (surgical prophylaxis ≤ 24h) OR according to guideline 	 Total duration ≤ 7 days OR according to guideline
e.g.	1234567	Y	Flucloxacillin	Oral	23Jan09	Y	Dr Smith	Yes: Venflon infection	Y	N/A	Y	Υ
e.g.	2345678	Υ	Co-amoxiclav	IV	21Jan09	N	Dr Jones	Yes: Bronchiectasis	No guideline	N/A	N	Y
e.g.	3456789	N	Cefotaxime	IV	23Jan09	N	Dr Brown	No	Unknown	Reason (a)	Y	N/A (no guideline)

^{*} Six prescribing standards. One point will be scored for each standard achieved (or N/A) for all antimicrobials prescribed for that patient.

Example shared by Southampton University Hospitals NHS Trust (In October 2009, for a previous version of this document).

[§] Valid reasons include: (a) contra-indication to guideline antimicrobials (e.g. allergy); (b) expert advice from named microbiology/infectious diseases doctor; (c) culture and sensitivity result (recent or previous) suggesting resistance to guideline antimicrobials; (d) patient risk factors for resistant pathogen (e.g. healthcare exposure, nursing/care home resident); (e) failure of reasonable trial of guideline therapy at adequate doses; (f) recent (within 2 weeks) exposure to guideline antimicrobials

Start smart then focus – resource materials: audit tools, review stickers and drug charts



Example shared by Manchester University NHS Foundation Trust (in August 2023).

ANTIBIOTIC APPROPRIATENESS – END OF COURSE ASSESSMENT – DRAFT v7.4 Survey to be performed for a <u>single</u> episode of infection in hospitalised ADULTS at the end of a course of therapy (or if stop-date confirmed) IMPORTANT: data fields are optional and designed to support decision-making overleaf

DEMOGRAPHICS							
Survey number:			Patient number:				
Survey date:			Admission date:				
Auditor name:			Patient age:				
Auditor profession:			Patient gender:	M/F			
Infection specialist:	Y/N		Ward:				
Data collection time:		mins	Clinical specialty:				

LABORATORY RESULTS (inc	clude date)	
Record the most significant laboratory results before starting antibiotics & during therapy	Pre- start	Day 2-3	Day 5-7
C-Reactive Protein (CRP):			
White Blood Cell (WBC) count:			
Lactate:			
Other relevant laboratory results:			

MEDICAL CASE	NOTES
Presenting complaint:	NOTES
History of presenting complaint:	
Relevant past medical history:	
Immunocompromised?† Y/N/U	ncertain
Relevant family or social history:	
Relevant drug history:	
Allergy to antibiotics:	
Urine dipstick test result:	
Evidence of infection at anatomical site?	Y / N
Details of evidence of infection from physiologi	cal systems review and examination:
WORKING infection diagnosis:	
Progress notes over next 2-3 days:	
l regress notes ever none 2 o anyo.	
Review of antibiotic prescription within 72h?	Y / N / Uncertain
Prescribing decision at pre-72h review:	
FINALISED infection diagnosis:	
Local standard course length for infection:	days
Explanation for prolonged antibiotic course?	

MI	CROBIOLOGY		
Blood cultures: Y / N	Pathogen idei	ntified: Y / N	
Other specimen cultures: Y / N	Pathogen idei	ntified: Y / N	
Details (include date, specimen typ	e, pathogen ID, su	sceptibilities):	:
MED	OICAL IMAGING		
Details (include date, imaging mod	ality, findings):		
Details (include date, imaging mod	ality, findings):		
Details (include date, imaging mod	ality, findings):		
Details (include date, imaging mod: Vital Signs & National		core (NEWS-	2)
		core (NEWS-	2) Day 5-7
Vital Signs & National	Early Warning S Pre-start		
Vital Signs & National Physiological Parameters	Early Warning S Pre-start		
Vital Signs & National Physiological Parameters Respiration Rate (per minute	Early Warning S Pre-start)		
Vital Signs & National Physiological Parameters Respiration Rate (per minute SpO ₂ (%	Early Warning S Pre-start))		
Vital Signs & National Physiological Parameters Respiration Rate (per minute SpO ₂ (% Air or Oxygen	Early Warning S Pre-start)) ?		
Vital Signs & National Physiological Parameters Respiration Rate (per minute SpO ₂ (% Air or Oxygen BP (mmHg	Early Warning S Pre-start)) ?)		

NEWS-2 Score:

†Definition of immunocompromised consistent with the "Green Book". i.e. Any of: Immunodeficiency syndrome; HIV infection; Bone marrow or stem cell transplant; Chemo / radiotherapy within 6 months; High-dose steroids >/=40mg prednisolone/day for >7days; or Immunosuppressant drugs.

Infection specialist judgment of appropriateness of antibiotic prescribing		If "No", document explanation and estimate excess days of therapy in the table below
A. Was antibiotic treatment indicated from the outset? i.e. Was it reasonable to start antibiotic treatment under the circumstances? Consider only the information available to the prescriber at the time of prescribing (e.g. symptoms/signs; vital signs; laboratory results; urine dipstick; near-patient tests; microbiology; imaging) Do not take antibiotic spectrum into consideration; judge only whether any antibiotic was indicated	ibing (e.g. symptoms/signs; Y/N imaging)	Comments:
B. Was antibiotic treatment indicated beyond the post-prescription (pre-72h) review? i.e. Was it reasonable to continue antibiotics beyond pre-72h post-prescription review? Consider only the information available to the prescriber at the time of the post-prescription review (e.g. symptoms/signs; vital signs; laboratory results; microbiology; imaging)	Y/N	
C. Was antibiotic treatment indicated beyond the standard treatment duration for the infection? i.e. Was it reasonable to continue antibiotics beyond the standard course length in local guidelines? Document any explanation for prolonged treatment (e.g. persistent symptoms, uncontrolled source)	Y/N N/A	

	DRUG CHART / PRESCRIPTION	Record any non-essential (excess) days of therapy (DOTs) for <u>one</u> of 3 reasons				
Antibiotic	Drug name Start date Stop date & route & dose regimen & time time	Days of therapy (DOTs)¥	Comments	A. Antibiotic(s) not indicated at outset	B. Unexplained continuation beyond pre-72h review	C. Unexplained continuation beyond standard duration
1		days		days	days	days
2		days		days	days	days
3		days		days	days	days
4		days		days	days	days
5		days		days	days	days
6		days		days	days	days
7		days		days	days	days
	lculate partial days of therapy by dividing the number of ses administered by the dosing frequency (times per day).		Total days of non-essential antibiotic therapy	Days*	Days*	Days*
	Total DOTs (sum of all antibiotics) COURSE LENGTH (earliest start date to final stop date)	Days*	GRAND TOTAL non- essential antibiotic DOTs (sum of A + B + C)			Days*

Version 5 available at <u>Identification of Intervention Opportunities through Assessment of the Appropriateness of Antibiotic Prescribing in Surgical Patients in a UK Hospital Using a National Audit Tool under supplementary materials (viewed August 2023). For latest version contact Drs Kieran Hand or Diane Ashiru-Oredope via espaur@ukhsa.gov.uk</u>

Hood G, Hand KS, Cramp E, Howard P, Hopkins S, Ashiru-Oredope D. 'Measuring Appropriate Antibiotic Prescribing in Acute Hospitals: Development of a National Audit Tool Through a Delphi Consensus' Antibiotics 2019: volume 8, issue 2, page 49 doi: 10.3390/antibiotics8020049. PMID: 31035663; PMCID: PMC6627925

Hearsey DJ, Bamford KB, Hutton M, Wade L, Coates H, Ramsay E, Alberts B, Powell N. 'Identification of Intervention Opportunities through Assessment of the Appropriateness of Antibiotic Prescribing in Surgical Patients in a UK Hospital Using a National Audit Tool: A Single Centre Retrospective Audit' Antibiotics 2022: volume 11, issue 11, page 1,575

Antimicrobial Stewardship (AMS) Peer Review Tool

Originally developed by East of England Antimicrobial Pharmacy Network, 2016

Updated by PHE English Surveillance for Antimicrobial Utilisation and Resistance Group, 2020

Hospital:	Date
Host AMS practitioner / designation:	
Reviewer / designation:	

Introduction

The aim of the AMS Peer Review Tool is to support hospitals to undertake a complete review of their antimicrobial stewardship programme. It is well documented that robust systems and processes for antimicrobial use are needed to address the threat of antimicrobial resistance, thus effective strategies that incentivise clinicians and organisations to periodically assess against professional standards to improve quality of care is beneficial. This tool will serve as an opportunity for external reviewers to assess the strengths and weaknesses of AMS programmes and highlight areas for improvement for the host site.

Organisational peer-to-peer reviews offer an objective assessment to drive internal improvement, through the evaluation of a provider by another organisation without the need of formal regulatory authority involvement(1). Examples of this approach are the UK National Chronic Obstructive Pulmonary Disease Resources and Outcomes Project(2) and the regional intervention to improve the hospital mortality associated with coronary artery bypass graft surgery(3).

The initial version of this tool was developed by the East of England Antimicrobial Pharmacy Infection Network in March 2016 and has since been updated in line with current guidance. It has been created using guidance from a number of resources including Public Health England (PHE) Start Smart then Focus: Antimicrobial stewardship toolkit for English Hospitals, National Institute for Health and Care Excellence (NICE) guideline Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use, Antimicrobial Self-Assessment Toolkit (ASAT) for acute hospitals and the Health and Social Care Act 2008: Code of Practice. It has also been adapted from The Healthcare Environment Inspectorate antimicrobial Inspection Tool produced by Healthcare Improvement Scotland.

Available at Antimicrobial Stewardship: Development and Pilot of an Organisational Peer-to-Peer Review Tool to Improve Service Provision in Line with National Guidance (viewed August 2023)

Oloyede O, Cramp E, Ashiru-Oredope D. 'Antimicrobial Stewardship: Development and Pilot of an Organisational Peer-to-Peer Review Tool to Improve Service Provision in Line with National Guidance' Antibiotics 2021: volume 10, issue 1, pages 44

Barking, Havering and Redbridge University Hospitals NHS Trust, Point Prevalence Study on Anti-infective Use Pharmacy Department

21 Date of Collection	Q2 Hospital Queens/ KGH	Q3 Ward	Q4a Allergies as written on chart	Q4b Is reaction of allergy stated? Y/N	Q5 Is Rx medical (m) or surgical (s)?	Q6 If surgical, is anti- microbial for <24hrs? Y/N/NA

							<u> </u>							
						Anti	microbia	Details						
	Indication					Route		Duration		Management code (API's)			Other	
	Q7 Antimicrobial	Q8 Dose & Frequency	Q9 Is indication on pt's drug chart/ medical notes at the point of prescribing? API 1 Y/N	Q10 Indication	Q12 Is antimicrobial prescribed acc. to Trust antimicrobial/ restricted guidelines? Y/N	Q11 Route (IV/PO/ Top)	Q13a If IV, is there a switch to PO within 72hrs? API 3 Y/N/NA	Q13b If IV- PO switch, Is total duration ≤7 days Y/N/NA	Q14 Is there a valid stop/review date or duration on the chart? API 2 Y/N/Na	Q15 If No for any API's is there a yellow sticker in pt's notes? Y/N/NA	Q16 If yellow sticker in notes has prescriber amended the prescription as req'd Y/N/NA	Q17 If no API sticker in notes is there appropriate p'cist endorsements on chart? Y/N/NA	Q18 If antimicrobial restricted, was Micro contacted where necessary? API 4 Y/N/Na	Q19 Is there DNO endorsement on chart? Y/N
⊢'														
2														
3														
4														
_ +				L PUD Hospitals Hear										

Antimicrobial Management Code - BHR Hospitals Used with permission from Antimicrobial Stewardship Group June 2011

Example shared by Barking, Havering and Redbridge University Hospitals NHS Trust (For a previous version of this document).



Antimicrobial Care Bundle Audit Tool

Site:		Ward:	•	Date:		Time taken:		
Observation	Allergy Status Documented	Indication Documented	Stop/ Review Date Documented	Route Appropriate	Trust Guidelines Followed*	Comments	All Elements Achieved.	
1					Y / N / NA			
2					Y / N / NA			
3					Y / N / NA			
4					Y / N / NA			
5					Y / N / NA			
6					Y / N / NA			
7					Y / N / NA			
8					Y / N / NA			
9					Y / N / NA			
10					Y / N / NA			
TOTAL %								

^{*}Trust guidelines followed if empirical treatment prescribed according to guidelines, antimicrobials prescribed according to culture and sensitivity results or following advice from Microbiology.

Data collection to ol developed by Ailbhe Kavanagh, Pre-registration Pharmacist and Claire Brandish, Lead Antimicrobial Pharmacist, October 2010

Example shared by South London Healthcare NHS Foundation Trust (For the 2015 version of this document).

The Leeds Teaching Hospitals NHS Trust MONTHLY PRESCRIPTION AUDIT FORM

Date: Completed by:	Contac	t No
Main Speciality Directorate:	Divisio	n:
Site (circle): LGI SJUH CAH WGH Na	me/Number of ward:	
Antimicrobial sta A duration or review date must be state	ed on the prescription of	
An indication for the antimicrobial treatment mus	st be stated on the pres	cription chart
Section 1: Prescribing of antimicrobials		
7	Space for notes (e.g. tally of patients)	Total number
How many antimicrobials do not have an indication on the chart?	STATE OF THE STATE	
How many antimicrobials do not have a duration or review date stated on the chart?		
For how many antimicrobial prescriptions would you be unable to contact the prescriber if necessary?		
Section 2: Administration routes for antimicrobials	5	X ======
	Space for notes (e.g. tally of patients)	Total Number
Enteral (including oral)		
Parenteral (Infusion or injection)		
Number of parenterals given for greater than 48hrs		
In your opinion, how many of the parenteral antimicrobial prescriptions could have been given enterally? (Consider – is the patient's temperature normal, CRP normal, documented clinical improvement)		
Section 3: Sample size on the day of the audit		
	Space for notes le d	

	Space for notes (e.g. tally of patients)	Total Number
Number of beds occupied		
Number of patients audited		
No of patients receiving antimicrobials		

NB. This audit is to be carried out on all the patients seen on the ward on one day each month, ideally within the first fortnight. This data is submitted to the Trust Board each month as a key performance indicator (KPI). Many thanks for your help.

C1Documents and Settings/amith/mi/Desktop/MonthlyAuditForm.doc

The Leeds Teaching Hospitals NHS Trust MONTHLY PRESCRIPTION AUDIT FORM

Dharm	acist Nam	101		Antimicrobial M Site: LGI/SJUH/CAH	MICH W	rd:	puons rep	orang tori		Monthly AB Med Code Audit: Y/N
Pt initials	Unit number	Consultant	Specialty	Prescriber name, grade & contact number (if available from chart)	Indication missing (<)	Duration or review missing (✓)	Prescriber name illegible	Prescriber contact number missing (✓)	Prescriber spoken to about omission(s)	Comments (eg on-call Dr, pt lodging on ward)
		*								

Example shared by Leeds Hospitals NHS Trust (For a previous version of this document).

Community A	Acquired Pneumonia
Data Collection	on & Aggregation Form

Month_____Year___

Measures	Exar	nples					Pa	rtients					Total
To be done within 4hr of arrival at hospital	A	8	1	2	3	4	5	6	7	8	9	10	Data to be added to Extranet
Oxygen Therapy													
1) Oxygen saturation assessed?	Yes	Yes	Y/N	Y/N	Y/N	Y/N	/						
2) Oxygen administered approp	riately?												
Choose target range													
a) Target range: 94-98% • O₂Sat < 94% • O₂administered	Yes	-	Y/N	Y/N	Y/N	Y/N							
b) Target range: 88-92% • O₂Sat < 88% • O₂administered	-	Yes	Y/N	Y/N	Y/N	Y/N							
Severity Assessment													
CURB65 score derived and documented?	Yes	Yes	Y/N	Y/N	Y/N	Y/N	1						
**Record CURB65 score	3	1											
Antibiotics if CURB65 ≥ 3													
4) IV antibiotics compliant with													/
Route and Choice must be cor Correct choice (beta-lactam &	rect to be	compila	ITIK.										
macrolide)	Yes	NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y/N NA	Y / N NA	Y/N NA	Y/N NA	Y/N NA	
Correct Route (Ⅳ)	Yes	NA	Y/N NA	Y/N NA	Y/N NA	Y/N							
Time to First Dose (CURB65 ≥:	1)												
** Time (from arrival at hospital) to first antibiotic (hh : mm)	01:00	NA											

** Not for entry on Extranet Scottish Antimicrobial Prescribing Group

March 2011

Example shared by the Scottish Antimicrobial Prescribing Group (For a previous version of this document).

ANTIMICROBIAL MONTHLY DATA COLLECTION

Antimicrobials - Collect data on ONE day for all patients on your ward. Document each antibiotic prescribed and whether a course length/review is recorded and whether added by medic or pharmacist. Do the same with the indication. Record if the Antimicrobial is policy or micro-approved. Mark each chart audited with an 'A' on the front top right hand corner to prevent double data collection. If the prescription is not compliant with policy, please add hospital number of patient.

Name of Data coll	ector:			Ward: Date:								
No. of patients on	ward:				No. of patients reviewed:							
Consultant	Antimicrobial	IV (*)	P0 (√)	Courselength/ Review stated on Drug Chart ✓ x	by Pharm or medic (P or M)	Indication	by Pharm or Medic (P or M)	Policy or Micro- approve d	Patient's hospital no (if non-compliant with policy)			

Example shared by the Scottish Antimicrobial Prescribing Group (For a previous version of this document).

CDI HEAT Target Empirical Prescribing Indicator Data Collection Form

<u>Example</u>

		Examp	ole Par	tients		Extranet Data	% Compliance	
Measures	Ą	В	С	٥	Ш	Extranet Data		
Indication documented in patient's notes	Yes	Yes	No	No	Yes	3/5	60%	
Antibiotics Compliant with Policy	No	Yes			Yes	2/3	66%	

Month _____ Year ____ Ward ______

Week 1 Data			Patients		
Measures	1	2	3	4	5
Indication documented in patient's notes	Y/N	Y/N	Y/N	Y/N	Y/N
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N

Week 2 Data	Patients							
Measures	1	2	3	4	5			
Indication documented in patient's notes	Y/N	Y/N	Y/N	Y/N	Y/N			
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N			

Week 3 Data	Patients						
Measures	1	2	3	4	5		
Indication documented in patient's notes	Y/N	Y/N	Y/N	Y/N	Y/N		
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N		

Week 4 Data	Patients								
Measures	1	2	3	4	5				
Indication documented in patient's notes	Y/N	Y/N	Y/N	Y/N	Y/N				
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N				

Total Monthly Extranet Data	Number Compliant	Total Patients
Indication documented in patient's notes		
Antibiotics compliant with policy		

Scottish Antimicrobial Prescribing Group

April 2011

CDI HEAT Target Surgical Prophylaxis Data Collection Form

<u>Example</u>

		Examp	ole Par	tients		Extranet Data	% Compliance		
Measures	Α	В	С	D	Е	extranet bata	78 compilance		
Single dose	Yes	Yes	No	No	Yes	3/5	60%		
Antibiotics Compliant with Policy	No	Yes	No	Yes	Yes	3/5	60%		

Month ____ Year ___ Ward ______

Week 1 Data	Patients								
Measures	1	2	3	4	5				
Single dose	Y/N	Y/N	Y/N	Y/N	Y/N				
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N				

Week 2 Data	Patients								
Measures	1	2	3	4	5				
Single dose	Y/N	Y/N	Y/N	Y/N	Y/N				
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N				

Week 3 Data	Patients								
Measures	1	2	3	4	5				
Single dose	Y/N	Y/N	Y/N	Y/N	Y/N				
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N				

Week 4 Data	Patients								
Measures	1	2	3	4	5				
Single dose	Y/N	Y/N	Y/N	Y/N	Y/N				
Antibiotics Compliant with Policy	Y/N	Y/N	Y/N	Y/N	Y/N				

Total Monthly Extranet Data	Number Compliant	Total Patients
Single dose		
Antibiotics compliant with policy		

Scottish Antimicrobial Prescribing Group

April 2011

Example shared by the Scottish Antimicrobial Prescribing Group (For a previous version of this document).



Antimicrobial Intravenous-to-Oral Switch (IVOS) Decision Aid

Based on the National Antimicrobial IVOS Criteria

Co-produced through a UK-wide multidisciplinary consensus process involving 279 participants

Why use this IVOS decision aid?

IVOS is an important antimicrobial stewardship intervention. 1.2 Research evidence confirms several IVOS benefits, including decreased risk of bloodstream and catheter-related infections, reduced equipment costs, carbon footprint and hospital length-of-stay, increased patient mobility and comfort, and released nursing time to care for patients. 3.4

When to use this IVOS decision aid?

The audit standard recommended for the implementation of this decision aid is that all patients on intravenous (IV) therapy should be reviewed promptly from first dose of IV antimicrobial with formal review completed within 48 hours and daily thereafter, unless clearly documented exemptions.

1.1. Is the patient's gastrointestinal tract functioning with no evidence of malabsorption? 1.2. Is the patient's swallow or enteral tube administration safe? 1.3. Are there any significant concerns over patient adherence to oral treatment? 1.4. Has the patient vomited within the last 24 hours? 1.5. Are there any significant concerns over patient adherence to oral treatment? 1.6. Are there any significant concerns over patient adherence to oral treatment? 1.7. If YES continue 1.8. Are there any significant concerns over patient adherence to oral treatment? 1.9. If NO continue 2. Clinical signs and symptoms 2.1. Are the patient's clinical signs and symptoms of infection improving? Y/N 2.1. Are the patient's clinical signs and symptoms of infection improving? Y/N 3.1. Has the patient's temperature been between 36-38°C for the past 24 hours? Temp:								
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Infections for special consideration include, but are not limited to, those listed below: • bloodstream infection Y/N • severe or necrotising soft tissue infections Y/N occurrent infection Y/N • severe or necrotising soft tissue infections Y/N occurrent infection Y/N • severe or necrotising soft tissue infections Y/N if YES occurrent infection Y/N • severe or necrotising soft tissue infections Y/N if NO continue • rendocarditis Y/N • septic arthritis Y/N • undrained abscess Y/N if NO continue 1a. Enteral route 1.1. Is the patient's gastrointestinal tract functioning with no evidence of malabsorption? 1.2. Is the patient's swallow or enteral tube administration safe? 1.3. Are there any significant concerns over patient adherence to oral treatment? 1.4. Has the patient worthed within the last 24 hours? 2. Clinical signs and symptoms 2.1. Are the patient's clinical signs and symptoms of infection improving? Y/N If YES continue If NO reassess is 1.2. Is the patient's temperature been between 36-38°C for the past 24 hours? If NO reassess is 3. Infection markers 3.1. Has the patient's temperature been between 36-38°C for the past 24 hours? Temp: Y/N If NO reassess is 3. Infection markers 3.1. Is the patient's Early Warning Score (EWS) decreasing? PROMPT FOR SWITCH: Nursing/pharmacy teams to prompt prescriber or infection specialist to consider IV to oral switch. ASSESS FOR SWITCH: Nursing/pharmacy teams to prompt prescriber or infection specialist to consider IV to oral switch. ASSESS FOR SWITCH: Norme: Name: N						tion,		
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References Soft DA, Bauer KA, Read EE, et al. is the "low-hanging fruit" worth picking for antimicrobial stewardship programs? Clin Infect Dis., 2012. 55(4): p. 587-592. Public Health England. Start Smart – Then Focus: Antimicrobial showwardship toolkit for English hospitals. 2015, [Date accessed: August 2022]. Solyuen AD, Mei-Phan TA, Tran MH, et al. The effect of early switching from intravenous to oral antibiotic therapy: a randomized controlled trial. J Pharm Pharmacogn Res., 2021. 9(5): p. 695-703. Schutz EC, Hulscher M, Mouton JW, et al. Current evidence on hospital antimicrobial stewardship objectives: a systematic review and meta-analysis. Lancet Infect Dis., 2016. 16(7): p. 847-856.		lly thereafter):						
Goff DA, Bauer KA, Reed EE, et al. Is the "low-hanging fruit" worth picking for antimicrobial stewardship programs? Clin Infect Dis, 2012. 55(4): p. 587-592. Public Health England. Start Smart – Then Focus: Antimicrobial stewardship tooks for English hospitals. 2015, [Date accessed: August 2022]. Nguyen AD, Mai-Phan TA, Tian MH, et al. The effect of early switching from intravenous to oral antibiotic therapy: a randomized controlled trial. J Pharm Pharmacogn Res, 2021. 9(5): p. 695-703. Schuts EC, Hutscher M, Mouton JW, et al. Current evidence on hospital antimicrobial stewardship objectives: a systematic review and meta-analysis. Lancet Infect Dis, 2016. 16(7): p. 847-856.				example, steroi	d treatment, 1	Prompt for sw	itch' or 'Assess for	
Version 1. January 2023 © Crown copyright :	Public Health England. Start Smart – Then Fo Nguyen AD, Mai-Phan TA, Tran MH, et al. Th	ocus: Antimicrobial steward e effect of early switching fr	ship tookit for English hospitals. 2015 om intravenous to oral antibiotic thera	 Date accessed: py: a randomized 	August 2022]. controlled trial.	J Pharm Pharm		
	Version 1. January 2023						0	Crown copyright 202

Available at Antimicrobial intravenous-to-oral switch: criteria for early switch (viewed August 2023).

Antimicrobial review stickers

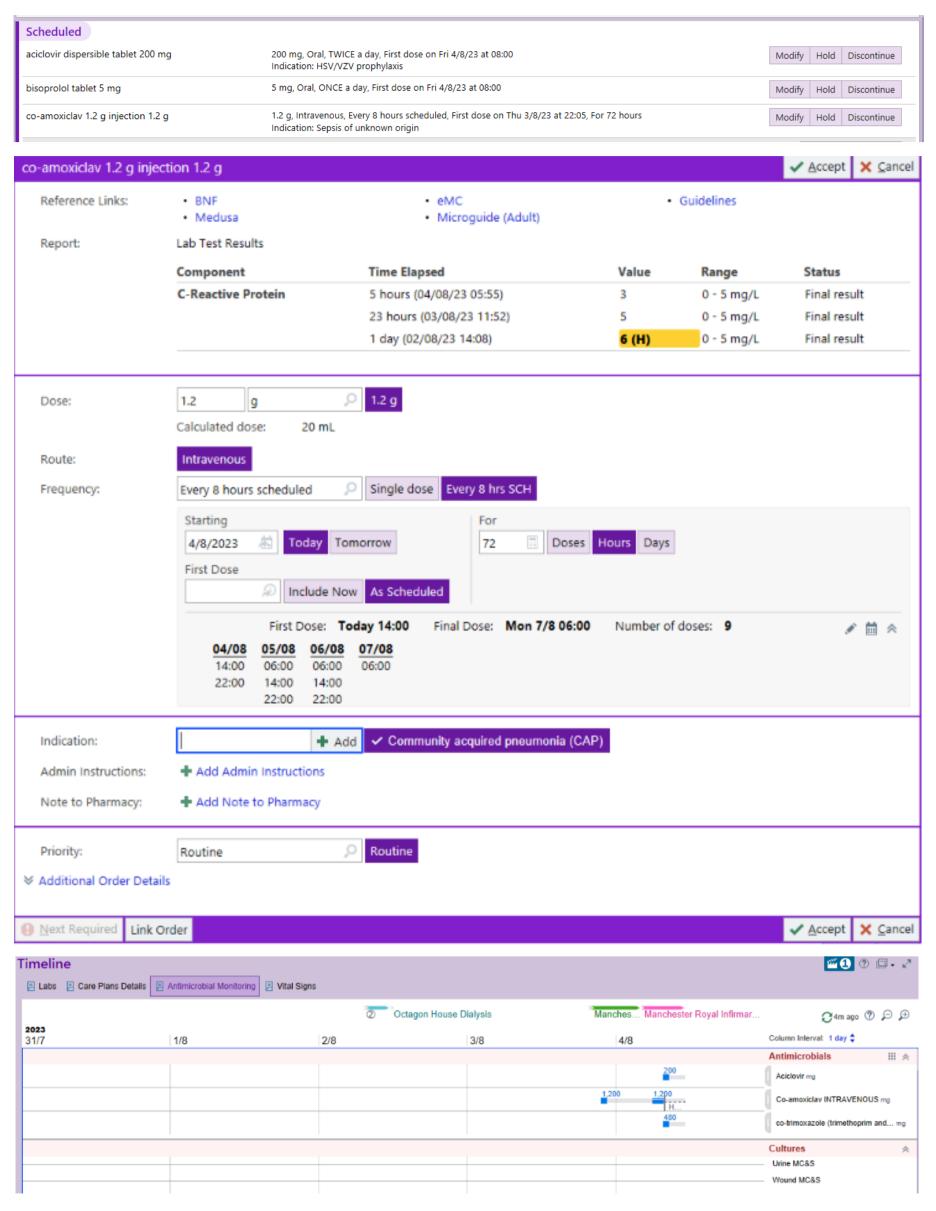
Start date of antibiotic therapy	: / /2008	Date of review: / / 2008
Review of initial diagnosis		Significant bacteriological results
Antibiotic plan	Agent:	Route of administration:
Dosage:	Dosing interval:	Planned total duration: days
If the patient receives iv antibious witch possible? Yes No Not app	otic, is an oral	Give the reason for that choice:

Example shared by NHS Tayside and Scottish Antimicrobial Prescribing Group (For a previous version of this document).

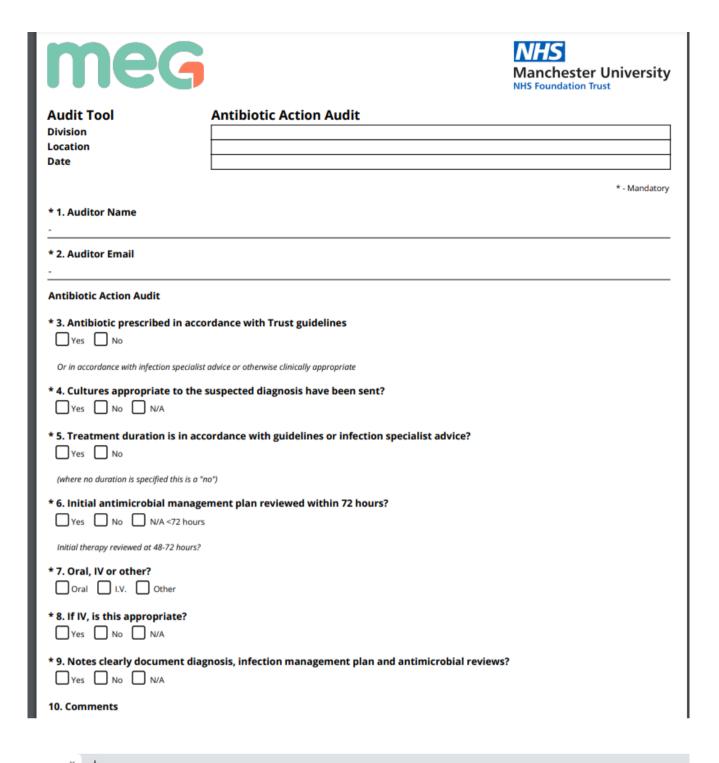
Antimicrobial I	Management C	ode – Rev	iew Notice
The following antimicrobial pre Trust's prescribing standards//			_does not fulfil the
Antimicrobial details and date	started:		
appropriate) API 2: Specify review date API 3: IV to oral review re	on for antibiotics on medicated e/stop date on drug chart equired within 72hours icrobiology for restricted ar te)	ntibiotic approval/e	extended duration of
Pharmacist Name	Signature:	Date:	Time:
Approved by BHR An	timicrobial Stewardship Group and	Drugs and Therapeutics	Committee

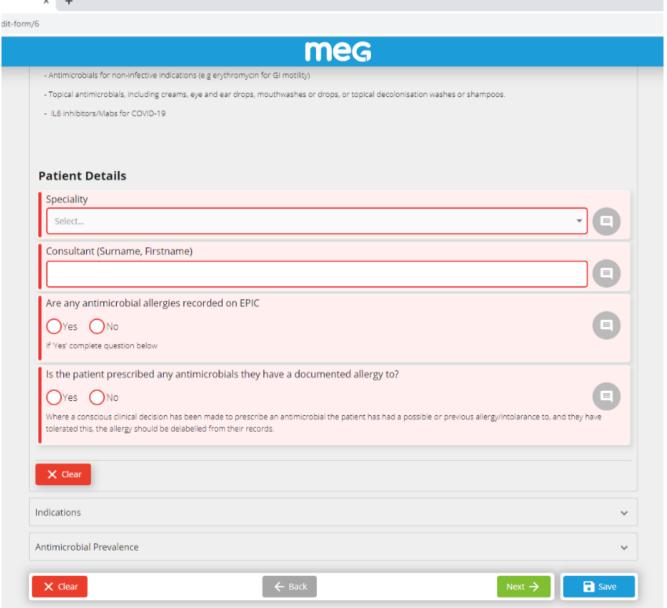
Example shared by Barking Havering and Redbridge University Hospitals NHS Trust (In June 2011 for a previous version of this document).

Antimicrobial examples from electronic drug charts and patient record



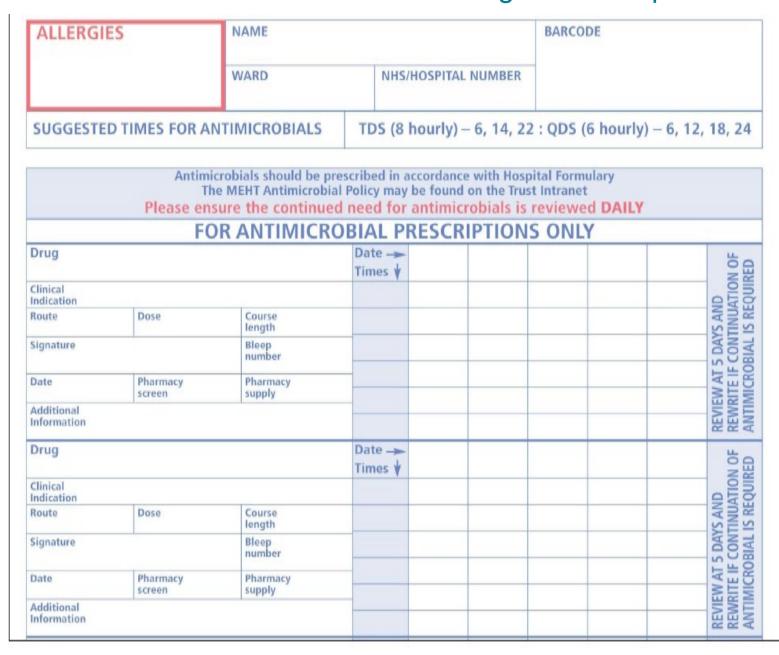
Example shared by Manchester University NHS Foundation Trust August 2023.





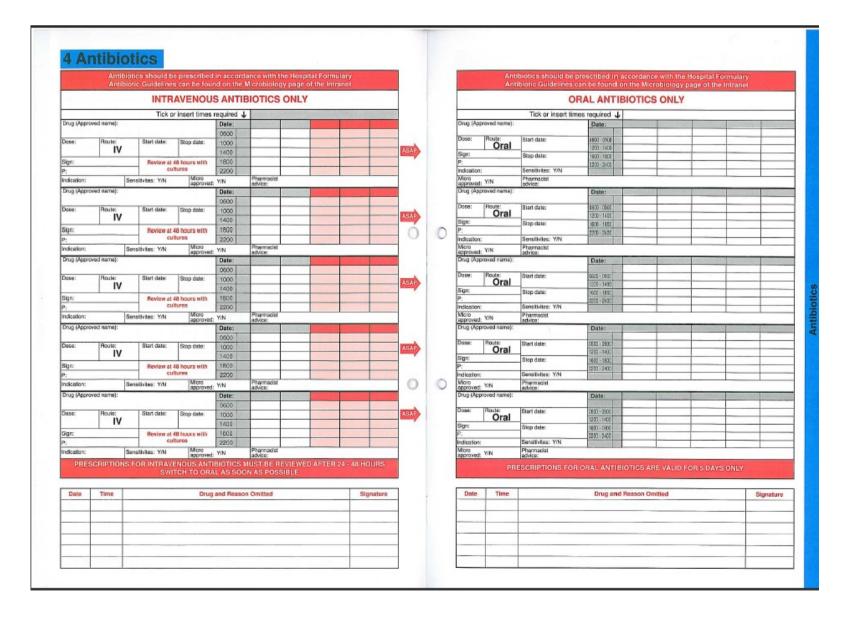
Example shared by Manchester University NHS Foundation Trust August 2023.

Dedicated antimicrobial section on drug chart – separate sheets



Example shared by Mid Essex Hospital Services NHS Foundation Trust (For a previous version of this document).

Impact of antimicrobial section on influencing prescribing



Example shared by Wrightington, Wigan and Leigh Foundation NHS Trust (For a previous version of this document).

Dedicated antimicrobial section on drug chart – added within regular prescriptions section

CHECK ALLERGIES ON FRONT OF THE CHART BEFORE PRESCRIBING AND ADMINISTERING PRESCRIPTIONS MUST BE REVIEWED AND REWRITTEN EVERY TWO WEEKS OR SOONER ENTER DOSE AGAINST TIME REQUIRED USE ONE ROUTE ONLY FOR EACH ENTRY REGULAR PRESCRIPTION MONTH YEAR Medicines for Discharge Dry's Sig: Date: Bloop: DATE DRUG (APPROVED NAME) OTHER INSTRUCTIONS SIGNATURE & REG NO PHARMACY To be prescribed for Discharge

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Example shared by Barking Havering and Redbridge University Hospitals NHS Trust (In June 2011 for a previous version of this document).



EXAMPLE ANTIMICROBIAL SECTIONS OF PRESCRIPTION CHART

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Example shared by United Lincolnshire Hospitals NHS Trust (For a previous version of this document).

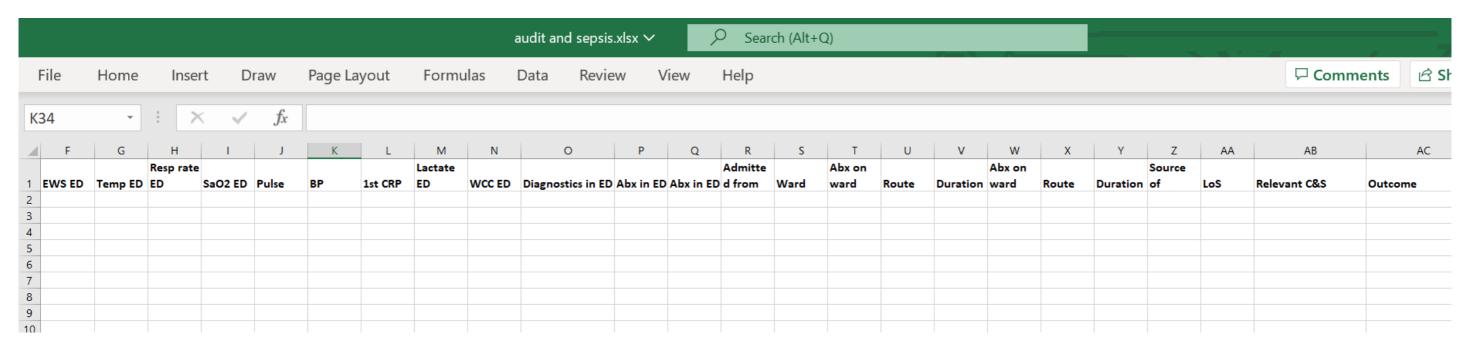
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Example shared by County Durham and Darlington NHS Foundation Trust (For a previous version of this document).

Pt Name: HOSP no:	Pt Name: Ward: HOSP no:		Own h	ted From: ome	are Home 🗆	Site: DMH UHN <u>Date:</u>			IVC & Relevant Current	t Admission Information:		
DOB:					Allerg	les:		Consultant	:=			
Previou 	ıs Antibio	tic	D	ose/ro	ute	START date	STOP date	Other I	nforma	ation		
Current Drug Na		Cu	rrent	Antibi	otic 1	Current	Antibiotic 2	Curren	t Antib	piotic 3		
Start Da	ite	<u> </u>							<u>//</u>			
Route Taking On	al Meds	IV □/PO □ / Other □ Yes / No (e.g)					.g		(e.g			
Course or Revie	ewdate	Yes [Revi Leng	ew D.		op Date Iays		No □ te / Stop Date days	Yes□ Review D Length:_				
Where R		IVAB OAB			>10/7 [Meds]	OAB O	>10/7 (<u>Beg</u> Meds	IVAB	Re	>10/7 🗆 g_Meds 🗆		
on Karde												
Choice Appropr If no sta	riate	Yes I Micro		No 🗆		Yes□ N Micro□	• 🗆	Yes □ Micro □	No□			
<u>РМН:</u>												
											Current Diagnosis:	

Example shared by County Durham and Darlington NHS Foundation Trust (For a previous version of this document).

Sepsis tools



Example shared by Manchester University NHS Foundation Trust August 2023.



Sepsis Audit Tool

				Sepsis Audit							
Date:				Patient Initials:							
Ward: Bed: Consulta	nt:			Hospital Number: DOB:							
Admission Date:				DUB:							
Presenting Complaint:											
Is drug allergy box completed?	Y/N										
Antibiotic Information		Started:	Abx1	Started:	Abx2	Starte	d:	bx 3			
N	lame:										
Dose + Frequ	ency:										
R	oute:										
Indica	ation:	Y/N		Y	/ N		Y/N				
Stop/review date/ course le	ength	 Y/N			/ N		 Y/N	-			
	sent?						Y / N				
Has the allergy check box		Y/N			/ N		Y/N				
Comple When was diagnosis of sepsis m		171		<u>'</u>	/ N		Y/N				
When was the 1 st dose of Abx g	iven?										
Is treatment in line with s	epsis eline:	Y/N Y/N			/ N / N						
If not – is reason why documer		.,			,						
Is there an unusual dose/freque	ency?	Y/N Y/N			/ N / N		Y / N Y / N				
If so – is there a docume	ented ason?										
Are there any missed do	oses?	Y/N			/ N		Y/N				
Clinical Markers			Date				ADDITIONAL COMMENTS				
Pulse /min		Lactate		m	mol/L						
RR /min	١.	INR			la bard bard						
BP mmHg Temp °C	-	Jrine output SO2 >90%		- m	ls kg-1 hr-1						
Temp °C WCC x10°/L		Platelets			10°/I						
Neutrophills x10 ⁹ /L		Bilirubin			mol/l						
CRP mg/L	UTI (
Cr				Dysuria							
CrCl mL/min				> Frequency							
BM mmol/L			Acu	te Incontinence			Reason for	1			
								_			
A~mental				Loin Pain	1		Delay?	7			
state				-							
	-										
	-			Urine Dipstick							
		Nitrate +ve. Leucocyte est. +ve.									

Example shared by Hinchingbrooke Health Centre NHS Trust (For a previous version of this document).

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

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