



ANTIBIOTIC GUARDIAN

Keep Antibiotics Working

ANTIBIOTICS AND INFECTION CONTROL

HOW MUCH DO YOU KNOW?

TRY OUR QUIZ FOR NURSING TEAMS

Are the following statements true or false?

- | | | |
|----|---|--------------|
| 1 | Antibiotic empirical (best guess) guidelines recommend the same antibiotic for the same condition in every trust in the UK. | True / False |
| 2 | Antibiotic resistance is when a person's body becomes used to the antibiotics and therefore cannot treat infections. | True / False |
| 3 | Intravenous vancomycin can be used to treat <i>Clostridioides difficile</i> infection. | True / False |
| 4 | If a patient is colonised with methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) in their groin, they just need chlorhexidine or octenidine as a body wash and not mupirocin nasal ointment for their nose. | True / False |
| 5 | Piperacillin / tazobactam 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 to 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 prompt prescribers to review intravenous antibiotics within 48 hours of initiation and daily thereafter. | True / False |

SEE OVERLEAF FOR THE ANSWERS – NO PEEKING!



ANTIBIOTICS AND INFECTION CONTROL

NURSING TEAM QUIZ – ANSWERS

- 1 Antibiotic empirical (best guess) guidelines recommend the same antibiotic for the same condition in every trust in the UK.
False – the resistance patterns are different in every trust and guidelines must reflect the expected organisms for each organisation.
- 2 Antibiotic resistance is when a person's body becomes used to the antibiotics and therefore cannot treat infections.
False – resistance is a mechanism developed by the bacteria.
- 3 Intravenous vancomycin can be used to treat *Clostridioides difficile* infection.
False – intravenous (IV) vancomycin does not produce high enough levels in the gastrointestinal tract so oral or rectal must be used.
- 4 If a patient is colonised with methicillin-resistant *Staphylococcus aureus* (MRSA) in their groin, they just need chlorhexidine or octenidine as a body wash and not mupirocin nasal ointment for their nose.
False – if any part of the body is colonised, the body and nose must be decolonised.
- 5 Piperacillin/tazobactam is a penicillin and must not be given to patients who have had anaphylaxis when given flucloxacillin.
True – Piperacillin/tazobactam 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 – isolation of patient colonised with ESBL can help prevent transmission. The risk of transmission is increased if patients have diarrhoea or are incontinence.
- 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. Thorough wound cleansing and appropriate wound management should reduce the bacterial load. Using antibiotics can lead to resistance.
- 8 Vancomycin levels should be taken 6 to 14 hours after the dose has been given.
False – Vancomycin levels should be taken immediately before the dose (a trough level).



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- 9 If a patient's urine smells 'strong', they must have an infection and need antibiotics.
False – smelly urine alone is not an indicator of infection, but it may be an indicator of dehydration. Ensure patients are well hydrated to prevent infections. Do not perform urine dipsticks especially for patients over the age of 65 or those with urinary catheter as they are less reliable in this group of patients.
- 10 It is important to prompt prescribers to review intravenous antibiotics within 48 hours of initiation and daily thereafter.
True – intravenous to oral switch (IVOS) should be considered within 48 hours of the first dose of IV antimicrobial being administered unless clearly documented exemptions. See [IVOS decision aid](#) for guidance. The Situation, Background, Assessment, and Recommendation ([SBAR](#)) [tool](#) can help facilitate clear and concise communication to ensure IV to oral switch happens at the right time.

Find out how you can play your part to stop the spread of antibiotic resistance, choose a pledge at AntibioticGuardian.com. Your actions can help protect antibiotics.



Choose Your Pledge