Facility	Policy Number	
Hospital Wide Policy Name: Antibiotic Stewardship	Effective Date	
Approved by Administration:	Approved Date	
Approved by Board of Directors:	Approved Date	
Revised/Reviewed by:	Revision Dates	

PURPOSE: To promote appropriate antibiotic usage practice that needs to be in place to reduce the likelihood of a patient developing a multi-drug resistant organisms.

POLICY: Facility focuses on improving antibiotic use through Antimicrobial Stewardship while optimizing the treatment of infections and reducing the risk for possible adverse events associated with antibiotic abuse.

PROCEDURE:

1) The program requires a Physician Champion, who believes in improving antibiotic use and will promote it among peers. The Physician Champion does not have to be a certified infectious disease doctor.
2) Support for the Antibiotic Stewardship team is essential for adoption of stewardship interventions and programs. Recommended Antibiotic Stewardship team members include:
    a. Infectious Disease Practitioner
    b. Infection Control Coordinator
    c. Medical Director/Physician Champion
    d. Practitioners
    e. Directors of Nursing Services
    f. Pharmacist
    g. Quality Improvement Coordinator
    h. Microbiology
    i. Information Technology
3) Antibiotic Stewardship team should meet at least quarterly, or more often as deemed necessary to review infections and monitor antibiotic usage patterns on a regular basis and address an issue regarding antibiotic use if identified.
4) Nursing staff receives infection control training that includes the difference between colonization and infection and multi-drug resistant organism prevention.
5) Microbiologic, clinical symptoms and radiological findings are indicated only to confirm clinical evidence of infection.
    a. Prescribers are asked to justify and document the indication for using antibiotics.
    b. Prescribers must document in the progress note or during order entry a dose, duration, and indication for all antibiotic prescriptions.
    c. All prescribers must review the appropriateness of any antibiotics prescribed after 48 hours from the initial order.
    d. The antibiotic is ordered for the shortest period possible while still being effective.
    e. Re-culture after the course of antibiotics is not typically necessary.
6) Practitioners are requested to prescribe antibiotic therapy only when likely to be beneficial to the patient.
7) Antibiotics are used for the appropriate dose and duration.
8) The facility provides post-prescribing information and follow-up to aid in:
    a. Tailoring antibiotics to subsequent microbiology results.
    b. Changing antibiotics from broad to narrower-spectrum (de-escalation),
    c. Shortening duration of antibiotic therapy when appropriate.
    d. Adjusting antibiotic doses bases on drug levels and end-organ function, and
    e. Converting an antibiotic from an intravenous to an equally effective oral formulation.

9) Culture and sensitivity reports are reviewed routinely as part of surveillance of infection.
10) Obtain and review anitbiogram for trends of resistance on routine basis from the facility's laboratory provider. Feedback is given to the physicians regarding their individual prescribing patterns of cultures ordered and antibiotics prescribed, as indicated.
11) Routine cultures are not done.
12) Pharmacy monitors and tracks:
    a. Intravenous and oral antibiotic utilization and patterns of use
    b. Antibiotics with no stop dates to assess the possibility for discontinuation
    c. Antibiotic drug levels when needed, to optimize dosing and minimizing toxicity or side effects
    d. Duplicate antibiotic therapies in which multiple antibiotics are prescribed that cover the same organisms.
    e. Most common infections and organisms per facility
13) Pharmacy reviews and reports on antibiotic usage data including numbers of antibiotics prescribed and the number of patients treated each month.
14) Pharmacy and the committee will formulate specific treatment recommendations based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions.
15) Educational opportunities as identified by the leadership team are provided for the clinical staff as well as patients and their families on the appropriate use of antibiotics and repeated on a regular basis.