RESPONSIBLE DEPARTMENT:	SUBJECT:
Pharmacy	Antibiotic Stewardship
REVISION DATE: Click here to enter a date.	REPLACES POLICY DATED:
	None
REVIEW DATE: Click here to enter a date.	POLICY NUMBER:
DUDDOCE.	Antimicrobial Stewardship
PURPOSE:	Landing all administration and alternative of the Original Control of the Control
	lection, closing and duration of antimicrobials based on indication,
) with the goal of maximizing efficacy while minimizing toxicity,
cost and antibiotic resistance.	
POLICY:	
It is the policy of	to identify high risk patients, assure effective therapy, and
plan for future therapy. Minimize the number and duration of antimicrobial agents prescribed. Improve patient	
outcomes, improve rates of antibiotic susceptibility and decrease overall antibiotic use.	
DEFINITIONS:	
ID – Infection Disease	
PRINCIPALLY AFFECTED DEPARTMENTS:	
List all affected departments:	
☐ All acute care entities and non-acute care entities	
☐ Quality Department	
GUIDELINES:	
The following criteria for automatic ID consults are to occur. If any of these occur, a consult will be placed for an ID	
physician by the clinical pharmacist.	
1. Vancomycin PO/Rectal report: Patients receiving vancomycin orally or rectally generate an automatic ID	
consult, if there is not already an ID on the ca	ase,
2. Patient Census 3 or more anti-infectives: Thi	s generates an automatic ID consult after at least one of the agents
has been active for 2 days and there is not al	ready an ID on the case.
3. Restricted anti-infectives List: Patients received	ving any of the drugs on this list generate automatic ID consults if
there is not an ID already on the case. (amika	acin, meropenem, linezolid, amphotericin B liposomal,
daptomycin, micafungin, tigecycline, doriper	nem, telavancin, ceftaroline, fidaxomicin, ertapenem [with the
exception of peri-operative doses]).	
	patients who populate this report and are not being seen by an ID
physician will automatically receive an ID consult.	
5. Double anaerobic coverage: automatic ID co	nsults for patients receiving any 2 of the following
(amoxicillin/clavulanate, ampicillin/sulbactam, efotetan, cefozitin, clindamvcin, crtapenem, imipenem,	
metronidazole, piperacillin/tazobactam, tica	rcillin/clavulanate).
PROCEDURE:	
The Clinical Pharmacist will review the reports gener	rated by the electronic health record daily and screen for patients
meeting the above criteria.	
	ified via automatic consult of any patients initiated on the above.
• •	•
,	D physician or there is an ID physician already on the case, no
further consult will be initiated.	
The ID physician and/or ID Advanced Practice Profes	sional provides consultation on one initial visit providing
	nd/or initiation of appropriate medications and then signs off as a
consultant.	layor initiation of appropriate medications and then signs on as a
· · ·	attending physician or Clinical Pharmacist to meet program
guidelines.	
APPROVED BY:	
Signature	Date