

Policy and Procedure

Function: Medication Management (MM)

Department: P & T, Patient Care Service

Scope: Hospital – wide

Subject: Antibiotic Stewardship

Date Issued:

I. OBJECTIVE

To perform comparative analysis of antibiotic use at _____ to ensure antibiotic use is within range of national benchmarks.

II. POLICY

By reducing the overuse of antibiotics, hospital data should demonstrate a decrease in antibiotic resistance, and improved patient outcomes.

Review antibiotic therapy Monday through Friday by pharmacist after 72 hours of therapy.

Microbiology reports will be reviewed to detect bacterial/fungal isolates for appropriate anti-infective coverage.

The pharmacist will contact ordering physicians when drug/bug mismatch has occurred or if there is a bug without a drug ordered for corresponding coverage.

The pharmacist will contact the physician when antibiotic use is deemed questionable or inappropriate.

III. PROCEDURE

The pharmacist will review inpatient antibiotic use and perform a comparative analysis with lab data Monday through Friday.

1. List of antibiotics reviewed daily (not limited to):

- | | |
|----------------------------------|--------------------|
| a. Maxipime | b. Levaquin |
| c. Cipro | d. Linezolid/Zyvox |
| e. Piperacillin/Taxobactam/Zosyn | f. Rocephin |
| g. Tigecycline/Tygacil | h. Primaxin |
| i. Vancomycin | j. Diflucan |

2. Patients receiving any of these anti-infectives for 72 hours (3 days) or greater will be reviewed by the pharmacist.

- a. Pharmacist will review patient’s electronic medical record including history and physical, all consulting notes, flow sheets, medication administration record and labs including chemistries, microbiology, and other pertinent labs for results justifying antibiotic use or warranting changes in antibiotic dosing.
- b. Lab results will be reviewed from time of admission or up to 30 days prior for evidence of infections and trends in chemistry.
- c. When needed, pharmacist will review radiology reports for additional clinical information.

3. If there are no indications found after 96 hours (4 days), a recommendation for de-escalation will be presented to the ordering physician. If the ordering physician does not agree or respond to the recommendation, the pharmacist will consult the Medical Director for advice as needed. Once the Medical director has been contacted and agrees, he will contact the attending physician to discuss in greater detail.

4. Physicians may contact the Medical Director at any time to discuss antibiotic use, need, resistance and alternatives.

5. Team Members will consist of:

- | | |
|--|----------------------|
| a. Medical Director | b. Pharmacist |
| c. Microbiology | d. Infection Control |
| e. Infectious Disease Specialist (recommended by not required) | |

6. Team Members will meet quarterly to coincide with P & T to discuss antibiotic use, selection, resistance patterns, evidence based methodologies, auto-substitutions, formulary additions, trends and other items as deemed by the Medical Director. Decisions will be noted in the minutes of the P & T committee meeting.

Reviewed:					
Revised:					
Accepted:					