

Insert Hospital logo

[Hospital] Antibiotic Stewardship Programme

Antibiotic Prescription Chart



Ward

Patient Label

Weight
eGFR

Allergies

Infection Episode 1

Diagnosis

Pneumonia UTI Meningitis Line infection

Cellulitis Intra-abdominal infection Other _____

Source* Community acquired Hospital acquired **Indication** P = Prophylactic E = Empirical D = Definitive

SEND APPROPRIATE CULTURES BEFORE PRESCRIBING ANTIBIOTICS

Cultures Sent before antibiotics Sent after antibiotics Not Sent

*CA = Community acquired: within ≤48h, of admission
HA = Hospital-acquired: >48h after admission or within 30 days of discharge

Antibiotic Day	1	2	3	4	5	6	7	8	9	10
Date			Review		Review		Review			
Time										

Indication <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D	Medicine Approved Name or GE		Dose	Route
	Start Date	Duration	Frequency	
	Time			
	Drs Signature & Name		Contact	Pharmacy

Indication <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D	Medicine Approved Name or GE		Dose	Route
	Start Date	Duration	Frequency	
	Time			
	Drs Signature & Name		Contact	Pharmacy

Indication <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D	Medicine Approved Name or GE		Dose	Route
	Start Date	Duration	Frequency	
	Time			
	Drs Signature & Name		Contact	Pharmacy

Nursing Codes 1. Patient away from Ward 2. Nil by Mouth
3. Patient refused drug 4. Drug not yet obtained
5. Patient Could not receive drug e.g. vomiting

Antibiotic Stewardship Team Alerts

Infection Episode 2

Diagnosis

- Pneumonia UTI Meningitis Line infection
 Cellulitis Intra-abdominal infection Other _____

Source*

- Community acquired Hospital acquired

Indication

P = Prophylactic E = Empirical D = Definitive

SEND APPROPRIATE CULTURES BEFORE PRESCRIBING ANTIBIOTICS

Cultures

- Sent before antibiotics Sent after antibiotics Not Sent

*Community acquired: within ≤48h, of admission
Hospital-acquired: >48h after admission or within 30 days of discharge

Antibiotic Day	1	2	3	4	5	6	7	8	9	10
Date ↓ Time →			Review		Review		Review			

Indication <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D	Medicine Approved Name or GE	Dose	Route							
	Start Date	Duration	Frequency							
	Time									
	Drs Signature & Name	Contact	Pharmacy							

Indication <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D	Medicine Approved Name or GE	Dose	Route							
	Start Date	Duration	Frequency							
	Time									
	Drs Signature & Name	Contact	Pharmacy							

Indication <input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D	Medicine Approved Name or GE	Dose	Route							
	Start Date	Duration	Frequency							
	Time									
	Drs Signature & Name	Contact	Pharmacy							

Antibiotic Stewardship Team Alerts

Infection Episode 3

Diagnosis

- Pneumonia UTI Meningitis Line infection
 Cellulitis Intra-abdominal infection Other _____

Source*

- Community acquired Hospital acquired

Indication

P = Prophylactic E = Empirical D = Definitive

SEND APPROPRIATE CULTURES BEFORE PRESCRIBING ANTIBIOTICS

Cultures

- Sent before antibiotics Sent after antibiotics Not Sent

*Community acquired: within ≤48h, of admission
Hospital-acquired: >48h after admission or within 30 days of discharge

Antibiotic Day	1	2	3	4	5	6	7	8	9	10
Date → ↓ Time			Review		Review		Review			

<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D	Medicine Approved Name or GE		Dose	Route
	Start Date	Duration	Frequency	
	Time			
	Drs Signature & Name		Contact	Pharmacy

<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D	Medicine Approved Name or GE		Dose	Route
	Start Date	Duration	Frequency	
	Time			
	Drs Signature & Name		Contact	Pharmacy

<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D	Medicine Approved Name or GE		Dose	Route
	Start Date	Duration	Frequency	
	Time			
	Drs Signature & Name		Contact	Pharmacy

Antibiotic Stewardship Team Alerts

Once only / Stat dose antibiotics

Indication	Drug	Dose	Route	Date	Time	Prescriber Signature	Pharmacy	Time given	Signature
<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D									
<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D									
<input type="checkbox"/> P <input type="checkbox"/> E <input type="checkbox"/> D									

Essential information for Prescribers

General rules for duration of Rx	Prophylaxis	Stat dose or 2 nd dose for prolonged surgery or massive blood loss
	Empiric	Maximum 3 days. De-escalate whenever possible in light of cultures
	Definitive	Dependent on site (See below). Rx >10 days is discouraged

Send cultures BEFORE antibiotics are prescribed

Indication	Blood Culture	Sputum Culture	CSF Culture	Urine Culture
Severe Sepsis	x 2	No	No	No
Endocarditis	x 3	No	No	No
Pneumonia*	x 1	Yes	No	No
Meningitis [§] *	x 1	No	Yes	No
UTI	No	No	No	Yes
Pyelonephritis	x 1	No	No	Yes

[§]If LP is not possible immediately then do not delay antibiotic administration.

Ensure blood culture is sent. *Consider TB MCS in addition.

Avoid using antibiotics with overlapping activity

Indication	Example
Anti-anaerobic agents	Metronidazole, clindamycin, amoxicillin-clavulanate, Piperacillin-tazobactam, carbapenems
Staphylococcal cover	Cloxacillin-sensitive Staphylococci are also covered by cephalosporins & carbapenems

Microscopy & Culture results

Date	Site*	Pathogen	Sensitivities

*BC = Blood, MSU = Midstream urine, CSU = Catheter specimen urine, CSF = Cerebrospinal fluid, PS = Pus swab, BM= bone marrow, JA = Joint aspirate, TA = Tracheal aspirate

Antibiotics requiring therapeutic drug monitoring (TDM)

Drug	Timing of blood collection and Interpretation															
Aminoglycosides (unstable & ICU patients)	Check peak level after 1 st dose – 1 hour after i.v or i.m bolus or 1 hour after infusion is <u>commenced</u> . Less vital when once daily dosing is employed. Trough levels are vital! Once adequate peak level achieved, monitor trough level twice per week provided renal function stable. Take trough level just before next dose.															
Vancomycin	Dosing is based on actual body weight. ALL patients should receive a loading dose of 25-30mg/kg and ALL subsequent doses should be 10-15mg/kg (unless inadequate trough levels achieved). Dosing interval & measurement of trough concentrations are based on renal function: <table border="0" style="width: 100%;"> <tr> <td style="text-align: left;">eGFR (ml/mi)</td> <td style="text-align: center;">Dosing interval (hours)</td> <td style="text-align: right;">Measurement of trough concentration</td> </tr> <tr> <td>>80</td> <td style="text-align: center;">12</td> <td style="text-align: right;">Before 3rd dose</td> </tr> <tr> <td>40-79</td> <td style="text-align: center;">24</td> <td style="text-align: right;">Before 3rd dose</td> </tr> <tr> <td>25-40</td> <td style="text-align: center;">48</td> <td style="text-align: right;">Before 2nd dose</td> </tr> <tr> <td><25 or HD or CAPD</td> <td style="text-align: center;">when trough level <15</td> <td style="text-align: right;">After 3 days</td> </tr> </table>	eGFR (ml/mi)	Dosing interval (hours)	Measurement of trough concentration	>80	12	Before 3 rd dose	40-79	24	Before 3 rd dose	25-40	48	Before 2 nd dose	<25 or HD or CAPD	when trough level <15	After 3 days
eGFR (ml/mi)	Dosing interval (hours)	Measurement of trough concentration														
>80	12	Before 3 rd dose														
40-79	24	Before 3 rd dose														
25-40	48	Before 2 nd dose														
<25 or HD or CAPD	when trough level <15	After 3 days														

Recommended duration of definitive antibiotic therapy[¶]

Duration	Indication
3 days	Uncomplicated UTI (quinolone ONLY), Shigellosis (without bacteraemia, quinolone ONLY)
5 - 7 days (or 3 days after normalization of fever)	Uncomplicated UTI (non-quinolone), Otitis Media, Pneumonia, Meningococcal meningitis, Tick bite Fever (7)
10 (- 14 days)	Sinusitis, Pneumococcal meningitis, Pyelonephritis, pharyngitis (S. pyogenes), Complicated UTI, Prostatitis (acute), Shigellosis (with bacteraemia), Helicobacter eradication (14), Gonococcal arthritis
21 days	Meningitis (Listeria or Gram-negative)
4 weeks	Endocarditis (prosthetic valve 6 weeks), Osteomyelitis, Septic arthritis, Prostatitis (chronic), Brucellosis (6 weeks)

[¶]See Western Cape Academic Hospitals Antimicrobial Recommendations for details