



<p>Team Name: Pharmacy and Therapeutics</p> <p>Team Lead: Director - Pharmacy</p> <p>Approved by: Regional Lead – Medical Services & Chief Medical Officer</p>	<p>Reference Number: CLI.6010.PL.004</p> <p>Program Area: Pharmacy and Therapeutics</p> <p>Policy Section: General</p>
<p>Issue Date: March 11, 2015</p> <p>Review Date: March 13, 2019</p> <p>Revision Date: August 10, 2023</p>	<p>Subject: Antibiotic Stewardship Program</p>

Use of pre-printed documents: Users are to refer to the electronic version of this document located on the Southern Health-Santé Sud Health Provider Site to ensure the most current document is consulted.

POLICY SUBJECT:

Antibiotic Stewardship Program

PURPOSE:

To promote safe medication practices in conjunction with the Antibiotic Stewardship Program

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients

POLICY:

- To ensure responsible prescribing of antibiotics within the hospital to achieve the best patient outcomes and promote patient safety
- Leadership supports efforts to improve antibiotic use
- To minimize the risk of adverse effects of antibiotic use and prevent, when able, the development of Clostridioides Difficile infection (*C. difficile*), Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococcus (VRE) and carbapenem-resistant Enterobacterales (CRE) within the region
- Reduce the risk of infection and reduce or stabilize levels of antibiotic resistance
- To prescribe antibiotics in consideration of Regional Sensitivity Patterns

RESPONSIBILITIES:

<p>Physicians</p>	<ul style="list-style-type: none"> ➤ The physician will include the dose, duration and indication for the antibiotic therapy in the order ➤ Will order cultures and sensitivities whenever appropriate prior to implementing antibiotic therapy ➤ The physician will use preprinted antibiotic order sets where available
--------------------------	--

	<ul style="list-style-type: none"> ➤ The patient will receive at least 48 hours of empiric antibiotics prior to changing to another agent unless <ul style="list-style-type: none"> ○ Cultures and sensitivities (C&S) results are returned indicating a change is required to therapy ○ patient is intolerant/allergic ○ clinical worsening of symptoms ➤ C&S will be reviewed as soon as possible after samples are taken ➤ Antibiotic therapy will be reviewed in accordance with the C&S reports ➤ Antimicrobial Intravenous to Oral Therapeutic Conversion policy will be adhered to ➤ Therapy will be de-escalated when appropriate ➤ Will provide ongoing support to the Antimicrobial Stewardship Working Group Activities ➤ Review & Sign the Antimicrobial Stewardship Feedback Form (CLI.6010.PL.004.FORM.01)
Nurses	<ul style="list-style-type: none"> ➤ Will support physicians and pharmacists in adhering to the Antibiotic Stewardship Program ➤ Will ensure height and weight is reported for all patients receiving antibiotics ➤ Will monitor patient for signs and symptoms related to the infection (e.g. fever, pain, visual inspection of infection site if able) and will communicate improvement or worsening of condition to the physician ➤ Will monitor for tolerability (e.g. nausea) and adverse effects of the antibiotic therapy (e.g. rash, bronchospasm) and communicate concerns to the pharmacist and physician ➤ Should a patient on antibiotics develop diarrhea, a stool sample for C&S should be obtained and the physician notified ➤ Automatic Reassessment of Medication Orders will be followed
Pharmacy	<ul style="list-style-type: none"> ➤ Pharmacist will review final cultures and sensitivities as needed and make recommendations to antibiotic therapy according to disease state and renal dysfunction ➤ Will assist the Antimicrobial Stewardship Working Group (AMS) in compiling data for audits and feedback. ➤ Monitor drug levels for vancomycin and gentamicin/tobramycin ➤ Verify pediatric dosing for all antibiotics

	➤ Fill out Antimicrobial Stewardship Feedback Form with suggestions to optimize therapy to be shared with prescriber
--	--

PROCEDURE:

1. Empiric formulary antimicrobial therapy and indication will be ordered (specific antimicrobial order sets will be used where available)
2. Automatic Reassessment of Medication Orders (CLI.6010.PL.005) and Antimicrobial Intravenous to Oral Therapeutic Conversion (CLI.6010.PL.006) will be adhered to by nursing and pharmacy personnel unless the physician indicates otherwise
3. Antimicrobial therapy will not be delayed while medication is reviewed by the pharmacist
4. A pharmacist will review all antibiotic orders and make recommendations to antimicrobial selection, dose, and/or frequency where required based on indication, renal clearance, cultures and sensitivities and other patient specific parameters
5. C&S will be ordered and samples taken **prior to** implementation of antimicrobial therapy whenever possible
6. C&S results should be reviewed **as soon as possible** by the physician and acted upon based on the results
7. Nursing staff will notify the physician through normal unit process, that the C&S report requires review
8. When the pharmacist reviews the C&S report, the recommendations for therapy will be documented directly in the patient’s chart or communicated with prescriber and will include any suggested changes to antibiotic choice or dose
9. Pharmacy will maintain daily, patient specific, antibiotic use as needed from the pharmacy information system. This data will be used by the AMS for ongoing interventions.
10. Antibiotic prescribing practices will be reported to Pharmacy & Therapeutics and Regional Medical Advisory Committee (RMAC)/Medical Staff as decided by the AMS in line with ongoing interventions being initiated by the Working Group.

SUPPORTING DOCUMENTS:

- [CLI.6010.PL.004.FORM.01](#) Antimicrobial Stewardship Feedback Form
[CLI.6010.PL.004.SD.01](#) Adult ORAL and PARENTERAL Antibiotic Renal Dosing Chart (print 2 sided)

REFERENCES:

- CLI.6010.PL.005 Automatic Reassessment of Medication Orders
 CLI.6010.PL.006 Antimicrobial Intravenous to Oral Therapeutic Conversion
 Accreditation Canada - *Required Organizational Practices. Antimicrobial Stewardship. 2019.*