

ANTIMICROBIAL PRESCRIBING POLICY

Date: December 2014

Partners in Care

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative.

On receipt of a new version, please destroy all previous versions.

Document Information

Date of Issue:	March 2013	Next Review Date:	December 2016
Version:	v 2.0	Last Review Date:	December 2014
Author:	Ope Owoso		
Owner:	Ope Owoso		
Directorate:	Medicines Management		
Approval Route: Care & Clinical Policies Group			
Approved By: Care & Clinical Policies Group		Date Approved: 17 th December 2014	
Links or overlaps with other strategies/policies:			
Torbay and Southern Devon Health and Care NHS Trust Medicines Policy Version 2			
South and West Devon Formulary			
South Devon Adult Empirical Antimicrobial Guidelines Version 14			
South Devon Adult Empirical Antimicrobial Guidelines (Pheripheral Hospital) Version 2			
Antibiotic Patient Group Directions ratified by the Care and Clinical Policies Group – current ratified versions			
Devon Doctors on Call guidance for the management of infection in primary care			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
V 1.0	Ratified	January 2013	Policy for new provider organisation	Paul Humpriss
v 2.0	Ratified	December 2014	Two year review	Lynda Price

Contents

1. Introduction.....	4
2. Purpose	4
3. Definitions.....	5
4. Roles and Responsibilities	5
5. Standards for Prudent Antimicrobial Prescribing	6
6. Monitoring Compliance and Effectiveness.....	9
7. Standards / Key Performance Indicators	10
8. Training	11
9. Monitoring, Auditing, Reviewing.....	11
10. References	11
11. Associated Documentation	12
12. Appendices.....	14

Please Note the Intention of this Document

The policy sets out the Trust standards for prescribing, monitoring and improving the quality of antimicrobial usage. The policy provides employees of Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) with a framework for prescribing and reviewing antimicrobial agents, thereby ensuring appropriate and prudent prescribing and stewardship of antimicrobial agents within TSDHCT.

1. Introduction

- 1.1 Good infection prevention and control are essential to ensure that people who use health and social care services receive safe and effective care. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone¹.
- 1.2 The publication of the UK Five Year Antimicrobial Resistance Strategy 2013 to 2018 made a number of key recommendations about the prescribing of antibiotics². Further guidelines such as NICE-“Prevention and control of healthcare-associated infections”⁴ have subsequently set out strategies for managing infectious diseases and controlling antimicrobial resistance. Organisations are now legally obligated to prevent and control healthcare associated infections, which formed part of the The Health and Social Care Act 2012³, issued as a Code of Practice for health and adult social care on the prevention and control of infections¹.
- 1.3 The “Care Quality Commission inspection programme on cleanliness and infection control in NHS Trusts”⁶, Compliance criteria 9, specifies that in relation to antimicrobial prescribing, local clinical guidance, procedures and audit are in place to ensure prudent prescribing and antimicrobial stewardship.
- 1.4 This policy describes principles for antimicrobial usage within the TSDHCT, which must be used in conjunction with local formulary guidance in order to achieve high quality standards for patients. This policy therefore forms part of the, corporate framework and Infection Control Strategy that directs practice within TSDHCT, thereby fulfilling statutory and organisational responsibilities, and is contractually and legally binding on all staff employed or providing contracted services to TSDHCT who prescribe, monitor, review and/or administer antimicrobial agents.

2. Purpose

The policy sets out the TSDHCT standards for prescribing, monitoring and improving the quality of antimicrobial usage. The policy provides employees of TSDHCT with a framework for prescribing and reviewing antimicrobial agents, thereby ensuring appropriate and prudent prescribing and stewardship of antimicrobial agents within TSDHCT.

Implementation of this policy will contribute to:

- Safe, effective and appropriate use of antimicrobial agents within TSDHCT
- Quality improvement for the safe, appropriate and prudent prescribing of antibacterial agents, thereby optimising patient outcomes

- Reducing the risk of multi-resistant infections, such as those caused by meticillin resistant *Staphylococcus aureus* ('MRSA'), other resistant bacteria and *Clostridium difficile* (*C. difficile*).
- Maintaining the effectiveness of antimicrobial agents in the treatment of infections by reducing the risk of developing antimicrobial resistance⁷.
- Ensuring that effective audit of the use of antibacterial agents is undertaken within TSDHCT
- Ensuring that TSDHCT complies with the requirements of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Code of Practice for health and adult social care on the prevention and control of infections¹.

The policy should be read in conjunction with separate local supporting prescribing guidance for each area within TSDHCT (e.g. the relevant local formulary), area prescribing recommendations and protocols, which will compliment this Policy.

3. Definitions

The World Health Organisation defines the term antimicrobial to include all antibiotics and related medicinal drugs.

For the purposes of this policy, antimicrobial agents include antibacterial, antifungal, antiviral, antiprotozoal and antihelminthic medicines, which are listed in the British National Formulary, Chapter 5, which are being used in an acute situation, or for surgical prophylaxis.

4. Roles and Responsibilities

4.1 Role of the heads of departments, services, teams and professional groups

Individual directors, service leads and line managers are responsible for informing staff of this policy and any associated organisational policies, Standard Operating Procedures (SOPs), guidelines and protocols (including local clinical / formulary guidance on the use of antimicrobial agents).

4.2 Role of line manager

Individual line managers are responsible for informing staff of this policy and any associated policies, Standard Operating Procedures (SOPs), guidelines and protocols.

4.3 Role of staff working under this Policy

4.3.1 This policy applies to all staff employed or providing contracted services to TSDHCT who prescribe, prepare and/or administer antimicrobial medication, who will ensure they have an up to date working knowledge of the medication to be prescribed, prepared and/or administered.

4.3.2 Staff working under this policy will identify any required training needs and attend relevant study sessions relating to this policy.

4.3.3 Staff are accountable for their practice and must work within organisational policies (including Patient Group Directions), associated SOPs, guidelines and protocols and within their Codes of Professional Practice.

4.3.4 Staff operating under this Policy are required to participate in the audit of this Policy, under the direction of Joint Infection Control Committee SDHCFT & TSDHCT, and

who will ensure that the audit cycle is fully implemented, thereby promoting continuous quality improvement.

5. Standards for Prudent Antimicrobial Prescribing

1.1 *Based on Public Health England; Start Smart – Then Focus Antimicrobial Stewardship Toolkit for English Hospitals¹⁰, adapted for local use.*

5.1 Overarching principles:

An antimicrobial agent must only be prescribed if clinically indicated, where there is likely to be clear clinical benefit, according to the patient's clinical signs and symptoms of infection and/or sepsis.

Individual patient factors to be taken into account when deciding which antimicrobial agent to prescribe:

- Previous antimicrobial history
- Previous Health Care Acquired Infections (HCAIs)
- Previous infection with multi-resistant organisms
- Drug allergies
- Availability of and absorption by oral route

5.2 Before starting antimicrobial therapy:

5.2.1 Clinical indication and documentation:

5.2.1.1 Antimicrobial therapy must not be started without clear and documented justification, with the indication and choice of antimicrobial agent/s being clearly documented in the patient clinical record.

5.2.2 Cultures and sensitivities:

5.2.2.1 Relevant clinical specimens should be obtained for microbiological investigation, prior to antimicrobial administration, to ensure that the infecting organism can be isolated for culture and sensitivities, unless immediate empirical treatment is indicated.

5.2.2.2 When culture and sensitivities are received, antibiotics are to be reviewed and treatment modified according to microbiological sensitivities, or where empirical treatment has been initiated, broad-spectrum antibiotics are de-escalated to narrow spectrum agents where possible.

5.2.3 Selection of antimicrobial:

5.2.3.1 Before starting antimicrobial therapy, a history of allergy must always be sought.

5.2.3.2 Allergies (historic or current) must be recorded on the individual patient prescription and medication administration record and on the approved clinical record system within the area / unit. This must include name of antibiotic and nature of allergy

- 5.2.3.3 Antimicrobial therapy must be prescribed according to local formulary or area prescribing committee recommendations. In the absence of local formulary guidance, the British National Formulary (BNF) or evidence-based national guidance (e.g. Public Health England guidance on the management of infection for primary care⁹) must be followed, ensuring that an appropriate dose / frequency/route of administration and review date/duration of treatment is prescribed.
- 5.2.3.4 The oral route should be used in preference to the intravenous route wherever possible.
- 5.2.3.5 Intravenous antimicrobials may be considered for severe infection; in patients who are unable to tolerate oral antimicrobials or where there are no suitable alternative oral agents.
- 5.2.3.6 Narrow-spectrum antimicrobial agents should be prescribed in preference to broad spectrum agents wherever possible and must be in line with local formulary or clinical guidance where available and must be evidence-based.
- 5.2.3.7 Broad spectrum antibiotics such as co-amoxiclav, cephalosporin and quinolones increase the risk of *Clostridium difficile*, MRSA, extended spectrum beta-lactamases (ESBLs), Resistant Amp C Type Beta Lactamases, vancomycin/glycopeptide resistant enterococci (VRE/GRE) and resistant urinary tract infections; using broad spectrum antibiotic must be carefully considered.
- 5.2.3.8 Targeted therapy should be used in preference to empirical / broad-spectrum antibiotic treatment, unless there is a clear, documented clinical reason (such as mixed infection or life-threatening sepsis) for prescribing the latter.
- 5.2.3.9 Potential drug interactions must be considered before prescribing antimicrobial agents, (e.g. anticoagulants), along with other clinical factors that would affect the drug (e.g. altered renal or hepatic function).
- 5.2.3.10 Expert medical microbiological advice must be sought for complicated infections.

5.2.4 Non-formulary and restricted antimicrobials:

- 5.2.4.1 Non-formulary and restricted antimicrobials will not be kept as ward stock.
- Antimicrobials included in the local formularies have been agreed with input from local microbiologists, according to local processes and procedures. Antimicrobials included have been chosen taking safety, efficacy, cost-effectiveness, local resistance patterns and the propensity to cause resistance into account.
 - Non-formulary antimicrobials will not be added to local formularies without advice from and agreement with the local microbiology services, following local formulary development procedures.
- 5.2.4.2 Restricted antimicrobials agents must not be prescribed without the express recommendation and authorisation of the local consultant microbiologist or designated clinician:
- Certain antimicrobial agents are designated as 'restricted' antimicrobial agents according to local processes and procedures.

- Within Torbay and Southern Devon Health and Care NHS Trust restricted antimicrobials are defined according to areas covered by local microbiology services (Plymouth and Torbay). For the purposes of this policy, local guidance and / or formulary recommendations must be followed when restricted antimicrobials are prescribed, including requirements for microbiological approval and advice.

5.3 Ongoing antimicrobial use:

5.3.1 Duration of treatment and review

- 5.3.1.1 Antimicrobials prescribed via the intravenous route must be reviewed within 48 hours (or 72 hours in exceptional circumstances, which must be documented in the patient clinical record) and be discontinued or if continued, the reason for continuation must be clearly documented in the patient clinical record.
- 5.3.1.2 Intravenous antimicrobials continued beyond 48 hours (or 72 hours in exceptional circumstances, which must be documented in the patient clinical record), must be reviewed daily. The reason to continue / discontinue or switch to an oral antimicrobial agent must be clearly documented in the patient clinical record.
- 5.3.1.3 Intravenous antimicrobial therapy must be reviewed as outlined above and must be switched to the oral route as soon as clinically appropriate, following local Formulary (or Policy referenced therein) advice. The reason for switching to the oral route must be clearly documented in the patient clinical record.
- 5.3.1.4 Oral antimicrobial therapy must be reviewed after a maximum of five days from the start of therapy, unless a specific stop date is clearly specified on the patient prescription and medication administration record and documented within the patient clinical record, and patient condition is clearly improving as a result of the antibiotic treatment.
- 5.3.1.5 Broad-spectrum/empirical prescribing must be reviewed according to the timescales specified above and be amended as clinically appropriate or when sensitivity results become available, and must be documented in the patient clinical record.
- 5.3.1.6 A treatment review date or stop date must always be recorded on the patient clinical record and on the prescription and medication administration record.
- 5.3.1.7 Expert medical microbiological advice must be sought for complicated infections, interpretation of culture and sensitivity results, or in the case of empirical treatment failure, including the suspicion/confirmation of MRSA, ESBLs, Resistant Amp C Type Beta Lactamases, VRE/GRE and *Clostridium difficile* infection.

5.5 General principles to ensure safe, prudent use of antimicrobials:

- 5.5.1 The Department of Health (UK Five Year Antimicrobial Resistance Strategy 2013 to 2018)² and subsequent national initiatives, such as the antibiotics awareness campaign¹¹ have recommended a number of key actions that can be employed to reduce the pressure on antimicrobial usage:
- **No** prescribing of antibiotics for simple coughs and colds

- **No** prescribing of antibiotics for sore throats (other than true *group A Streptococcal* infection)
- **Limit** prescribing for uncomplicated cystitis to three days in otherwise fit women
- **Manage** patient expectations of an antibiotic prescription for trivial infections, using the following strategies:
 - **Offer** a '**delayed prescription**' when the need for an antibiotic is doubtful, together with advice about when the prescription should be used (if symptoms do not settle or get significantly worse; re-consulting if symptoms get significantly worse despite using the delayed prescription).
 - **Supply** a '**no prescription needed**' information sheet¹²(**Appendix A**) for acute, self-limiting infections, where antibiotics are not indicated and self-management is appropriate. Reassure the patient of the likely self-limiting viral diagnosis and provide general symptomatic advice.
 - **Take time to explain** to patients that it is inappropriate to prescribe an antibiotic for a self-limiting viral infection, this advice will reduce future similar consultations.

5.5.2 Avoid widespread use of topical antibiotics (especially topical agents which are also available as systemic preparations).

5.5.3 Antimicrobial therapy should be used solely as an adjunct in cases where surgery or wound management is the primary intervention: Drainage of infected abscesses or empyema and debridement of necrotic tissue is critical to successful outcomes, as the presence of foreign bodies has a profound effect on the efficacy of antimicrobial agents.

5.5.4 Prescribing antimicrobials in pregnancy, renal impairment or hepatic impairment must be undertaken with due consideration, referring to local guidance and specific BNF monographs and resources such as The Renal Handbook (by [Caroline Ashley](#) and [Aileen Currie](#)) for more detail on prescribing in specific conditions. If in doubt, discuss with microbiology for specific advice.

6. Monitoring Compliance and Effectiveness

This Policy will be monitored, according to the audit requirements defined by TSDHCT Infection Control Committee. The audit programme is detailed below:

6.1 Audit Programme

6.1.1 The standards laid out within this policy will be regularly audited, at least at 12 monthly intervals across all community hospitals.

6.1.2 The audit programme will be supported and implemented via the medicines management team, who will feedback results to staff and Joint Infection Control Committee SDHCFT & TSDHCT

6.2 Format of Audit

6.2.1 The audit process will identify whether or not antimicrobial agents are being prescribed in line with this policy, local formulary guidance and specific expert microbiological advice, in particular, whether antimicrobials are being prescribed:

- As an unrestricted antimicrobial agent, prescribed for a specific indication in line with local formulary recommendations
- As a restricted antimicrobial agent for a specific indication, in line with local microbiological procedure and advice.
- With treatment lengths specified / stopped at the appropriate time
- With appropriate reviews undertaken at specified times
- In line with the antimicrobial prescribing care bundle model

6.2.2 The audit template is attached as **Appendix B**.

6.3 Audit Monitoring and Review

6.3.1 Results of the audit programme will be monitored and reviewed by Joint Infection Control Committee SDHCFT & TSDHCT on six monthly basis or at least every 12months, unless otherwise required by the Infection Control Committee, which will support learning and service improvement.

6.3.2 TSDHCT designated lead pharmacist for antimicrobial prescribing will facilitate continuous improvement in and prudent prescribing of antimicrobial agents within TSDHCT , supported by the DIPC (Director of Infection Prevention and Control), Infection Control Committee and local microbiology services.

6.4 Other sources of information to be used in the audit and monitoring process

6.4.1 Patient Group Directions: The audit of Patient Group Directions ratified for use within Torbay and Southern Devon Health and Care NHS Trust will be undertaken by lead MIU nurses coordinated by the Head of MIUs. Result from this audit process will be presented to the Joint Infection Control Committee SDHCFT & TSDHCT.

6.4.2 All of the above will be used to retrospectively monitor antimicrobial consumption data (particularly the use of broad-spectrum antibiotics such as cephalosporins and quinolones) in order to identify actions that need to be taken to address non-compliance with local guidelines and prescribing recommendations.

7. Standards / Key Performance Indicators

Key performance indicators comprise:

- Adherence to local Formulary Antimicrobials section (evidenced by audit)
- Appropriate use of restricted antimicrobial agents (evidenced by audit)

- Appropriate use of intravenous antimicrobial agents (evidenced by audit)
- Antimicrobial Prescribing Care bundle adherence (evidenced by audit)

8. Training

Ward Managers and Service Leads should ensure that all staff are trained in the use of the appropriate local formularies, the restricted use of some antimicrobials and appropriate use of intravenous antimicrobials.

References below will provide direct links to more information around antimicrobials and prescribing.

9. Monitoring, Auditing, Reviewing & Evaluation

Ward Managers must ensure that this policy is being followed by staff and that procedures and audits are in place to show compliance.

10. References

1. The Royal College of Nursing 2013: Infection prevention and control within health and social care:commissioning, performance management and regulation arrangements (England). Available at:
http://www.rcn.org.uk/__data/assets/pdf_file/0003/553917/Infection_prevention_and_control_WEB.pdf
2. Department of Health, UK Five Year Antimicrobial Resistance Strategy 2013 to 2018. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/244058/20130902_UK_5_year_AMR_strategy.pdf
3. Department of Health (2012) The Health and Social Care Act 2012. The Stationery Office Limited. Available at:
http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf
4. NICE(2011) Prevention and control of healthcare-associated infections. Available at
<http://www.nice.org.uk/guidance/ph36/resources/guidance-prevention-and-control-of-healthcareassociated-infections-pdf>
5. Department of Health *The Health and Social Care Act 2008 (Regulated Activities)Regulations 2014*. The Stationery Office Limited 6th November 2014. Available at:
http://www.legislation.gov.uk/uksi/2014/2936/pdfs/uksi_20142936_en.pdf
6. Care Quality Commission (2010) Care Quality Commission inspection programme on cleanliness and infection control in NHS Trusts, from April 2010. Guidance for Trusts. Care Quality Commission. 2010 Available at:
http://www.cqc.org.uk/_db/_documents/20100506_HCAI_Inspection_Programme_2010_-_Guidance_for_trusts.pdf
7. NICE (2014) Infection prevention and control. Available at:
<http://www.nice.org.uk/guidance/qs61/resources/guidance-infection-prevention-and-control-pdf>
8. NHS Devon (2010) Policy for the Development and Management of Procedural Documents. Devon Provider Services Policy Number CLIN 31. NHS Devon Provider Services 2010. Available at:

http://www.infopoint.devonpct.nhs.uk/InfoPointLibrary/Clinical_policies/CLIN%2031%20Policy%20for%20Develop%20Mngemnt%20Proced%20Docs.pdf

9. NICE (2012) Prevention and control of healthcare-associated infections in primary and community care. Available at:
<http://www.nice.org.uk/guidance/cg139/resources/guidance-infection-pdf>
10. Public Health England (2014) Management of infection guidance for primary care for consultation and local adaptation. Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377509/PHE_Primary_Care_guidance_14_11_14.pdf
11. Department of Health England (2011) Start Smart – Then Focus Guidance for antimicrobial stewardship in hospitals (England) London. Department of Health November 2011.
12. NHS Choices: The Antibiotic Awareness Campaign 2014. Resources accessed on 20th November 2014. Available at: [https://www.bristolccg.nhs.uk/events/antibiotics-awareness-week-2014/Further Antibiotic Awareness Campaign resources \(including patient information leaflets in other languages\) are available at: <http://www.rcgp.org.uk/clinical-and-research/target-antibiotics-toolkit/patient-information-leaflets.aspx>](https://www.bristolccg.nhs.uk/events/antibiotics-awareness-week-2014/Further_Antibiotic_Awareness_Campaign_resources_(including_patient_information_leaflets_in_other_languages)_are_available_at:_http://www.rcgp.org.uk/clinical-and-research/target-antibiotics-toolkit/patient-information-leaflets.aspx)
Non prescription pad; Get well soon without antibiotic; available on https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216399/dh_120848.pdf

11. Associated Documentation

11.1 This Policy must be used in conjunction with the relevant local clinical guidelines for each area within Torbay and Southern Devon Health and Care NHS Trust:

- South and West Devon Formulary – latest edition
- ADULT EMPIRICAL ANTIMICROBIAL GUIDELINES (PERIPHERAL HOSPITAL) 2011 South Devon Adult Empirical Antimicrobial Guidelines
- Patient Group Directions ratified by the Care and Clinical Policies Group – current ratified versions
- Devon Doctors on Call guidance for the management of infection in primary care

11.2 **Local policies used in the development of this document:**

- NHS Plymouth Antimicrobial guidelines Version 4.2
- South Devon Healthcare NHS Foundation Trust Antimicrobial Prescribing Policy version 3

12. Appendices

Appendix A: TSDHCT ‘No antibiotic prescription needed’ sheet

Appendix B: Antimicrobial Prescribing Audit Template

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/MCA.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Appendix A

'No antibiotic prescription needed' sheet

Diagnosis (*tick*):**Sore Throat****Cold or Flu****Dry Cough****Chesty Cough****Ear Ache****Catarrh****Other** (*specify*):**NO ANTIBIOTIC PRESCRIPTION NEEDED**

Taking antibiotics for the wrong reasons, such as against colds or flu has no benefit for you.

This is because:

- You probably have a viral infection
- Antibiotics won't work against colds or flu
- Your infection should start to clear up in a few days

You should now:

- Drink plenty of fluids
- Get some rest
- Ask your pharmacist for advice about over-the counter remedies to ease your symptoms, such as paracetamol

Phone or visit your GP surgery for more advice if you are not getting better within a few days, or at any time if you are concerned about your symptoms.

This leaflet has been adapted from the 2010 NHS 'get well soon' campaign Non prescription pad; Get well soon without antibiotic; available on https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216399/dh_120848.pdf.

More information is available on the NHS Choices website: <http://www.nhs.uk/NHSEngland/ARC/Pages/AboutARC.aspx> or from NHS Direct: 0845 4647.

This leaflet is also available in Braille, other languages and formats – for a copy of this leaflet in another language or format, please telephone 0845 111 0080.

Appendix 2

Ward	Date
------	------

	Patient 1	Patient 2	Patient 3	Total
GP				n/a
Pt Name / Number				n/a
Indication for antimicrobials				n/a
Antibiotics Prescribed (name, dose, route)				n/a
1. Were relevant culture samples taken (e.g. Blood samples, MSUs, swabs)?	Y / N / N/A	Y / N / N/A	Y / N / N/A	
2. Is the allergy recorded?	Y / N	Y / N	Y / N	
3. Is the duration or review recorded on drug chart?	Y / N	Y / N	Y / N	
4. Did an appropriate IV to oral switch take place?	Y / N / N/A	Y / N / N/A	Y / N / N/A	
5. Was the indication for antimicrobials documented on drug chart?	Y / N	Y / N	Y / N	
6. Is there compliance with relevant local antimicrobial guidelines and if not then was a d/w cons micro recorded in the casenotes.	Y / N	Y / N	Y / N	
7. Is there evidence of review of antimicrobials with micro lab results in casenotes or on drug charts at 72 hours for IV antibiotics and at 5 days for Oral antibiotics?	Y / N / N/A	Y / N / N/A	Y / N / N/A	
Total time taken to complete audit (minutes)				
TOTAL (Score)				/
TOTAL (%)				

Additional Comments: