OBJECTIVE:

The purpose of antimicrobial stewardship policy is to strengthen and promote optimization of antimicrobial utilization at Christus St Michael Health Care Center. The objective of an antimicrobial stewardship program in our facility is to measure and promote the appropriate use of antimicrobials by selecting the appropriate agent, dose, duration and route of administration in order to improve patient outcomes, while minimizing toxicity and the emergence of antimicrobial resistance (1). Antimicrobial stewardship has been shown to be essential in the control of Clostridium difficile infections and the emergence of multidrug resistant organisms (MDROs).

POLICY:

- Leadership Commitment: Dedicating necessary human, financial and information technology resources
- Accountability: Appointing a single leader responsible for program outcomes. Experience with successful programs show that a physician leader is effective
- Drug Expertise: Appointing a single pharmacist leader responsible for working to improve antibiotic use.
- Action: Implementing at least one recommended action, such as systemic evaluation of ongoing treatment need after a set period of initial treatment (i.e. “antibiotic time out” after 48 hours)
- Tracking: Monitoring antibiotic prescribing and resistance patterns
- Reporting: Regular reporting information on antibiotic use and resistance to doctors, nurses and relevant staff
- Education: Educating clinicians about resistance and optimal prescribing

I. **Antibiograms**
   Are developed to promote the appropriate use of antimicrobials within our institution.

II. **Restricted Antibiotics/ Antifungicides**: Daptomycin, Ceftazidime, Cefotaxime, Erythromycin, Cephalexin, Ampicillin, Candida, Fungus, Mycofungin, Voriconazole, Tobramycin inhalation, Amikacin, Ertapenem, Meropenem, and Zyvox.

III. The use of Rocephin is discouraged in the use of newborns.

IV. Laboratory Reports resistant organisms to pharmacy.
PROCEDURE:

1. Patients with orders for anti-infective medications will be screened for appropriate agent selection for:

   - Appropriate indication
   - Local resistance patterns
   - Dose optimization
   - Preferred route of administration
   - Duration of therapy
   - Duplication of therapy
   - Drug interactions

2. Pharmacy shall obtain reports from the Medi-tech system that list new culture and sensitivity results, the new antibiotic report, and automatic stop order reports which will be used to identify which patients may require change to ordered anti-infective therapies.
   a. IV to PO Conversion
   b. Pharmacokinetic Service
   c. Renal Dosing Protocols
   d. Antibiotic Use Monitoring
   e. Antibiotic Time Out- (within 72 hours).

3. Suggested changes will be made based upon current dosing recommendations for anti-infective products on the hospital formulary, approved by P&T.
4. The pharmacist will contact the prescriber or leave a pharmacy communiqué note in the progress note section of the chart to discussing recommended changes.
5. Monitor patients making any therapy adjustment to assess changes in culture results and recommend further changes a necessary.