

**FLOYD MEDICAL CENTER
POLICY AND PROCEDURE MANUAL
PATIENT CARE SERVICES**



TITLE: De-Escalation of Broad Spectrum Antibiotics	Policy No.: PCS-06-062
Purpose: To prompt the clinical evaluation for the need of two or more antibiotics (broad-spectrum antibiotic coverage) on inpatients after 72 hours when more diagnostic information is available to decrease unnecessary antibiotic exposure and the development of resistance.	Developed Date: 5/2017 Review Date: 4/18 Revised Date:
Policy: The focus of de-escalation is based on the availability of microbiology results around the day 3 therapy point. The empiric antibiotic(s) may be stopped or reduced in number and/or narrowed in spectrum.	Review Responsibility: Executive VP Chief of Patient Services/CNO, Director of Pharmacy, Infectious Disease Physician, Clinical Pharmacy Coordinator, Pharmacy and Therapeutics Committee
Expected Outcomes: Prompt review (antibiotic time-out) and limit the use of unnecessary antibiotics to decrease toxicity and the development of resistance.	
Reference Standards: MM.09.01.01	

Procedure

ACTIONS	KEY POINTS
<p>1. The Antimicrobial Stewardship Pharmacist (or designee) will monitor daily for the Poly-antibacterial de-escalation alerts generated in the Theradoc system.</p>	<p>1. This alert identifies patients who have received two or more antibiotics for at least 72 hours. It currently takes up to 72 hours after cultures are collected for the microbiology department to have the organism identified and the final sensitivity reports available for physician review. Once this information is available, physicians have key information to tailor the antibiotic regimen for the organism and infection type.</p>

ACTIONS	KEY POINTS
<p>2. After the alert fires, the Antimicrobial Stewardship Pharmacist (or designee) will send a communication in the Physician Message Center in Cerner to the attending physician to notify them that 72 hours of broad-spectrum coverage has been administered. Antimicrobial used for Indications not related to infection will be excluded – such as rifaximin for hepatic encephalopathy or erythromycin for gastroparesis).</p> <p>3. Upon receipt of the message in Physician' Message Center in Cerner, the physician will respond to either:</p> <ul style="list-style-type: none"> A. Continue current antimicrobial therapy with no changes; B. Discontinue certain antimicrobials now or at a specific future date; or C. Replace certain antimicrobial(s) with a more narrow-spectrum agent. <p>4. Once the physician responds in Physician Message Center, the Antimicrobial Stewardship Pharmacist (or designee) will document physician responses and track treatment changes in the Theradoc System.</p>	<p>2. This message prompts a “time out” for the attending physician to evaluate the antimicrobials to eliminate unnecessary broad empiric antimicrobial coverage.</p> <p>3. The physician response is vital to the utility of the time out process in evaluating the need of de-escalating unnecessary broad-spectrum therapy.</p> <p>By knowing the specific organism(s) and the sensitivity profile(s), more narrow-spectrum therapy can be implemented and the duration of therapy should be stated.</p> <p>4. Reports of antimicrobial de-escalation will be presented at the Antimicrobial Stewardship Team meetings and quarterly at the P & T Committee meetings for review and implementation of program improvements.</p>

De-escalation Alert at 72 hours

(Antimicrobial Stewardship Communication)

Patient name: _____

MRN#: _____

Re: This alert was triggered because this patient has been receiving 2 or more antimicrobials for at least 72 hours. Since culture and other diagnostic data are usually available at 72 hours, this alert is to prompt an antibiotic “time out” to evaluate whether the antibiotic spectrum can be narrowed.

Active antimicrobials: _____

Physician – Please respond in Cerner Message Center to either:

Stop the following antimicrobials now: _____

Stop these antimicrobial(s): _____

At (future date/time): _____

Replace a broad-spectrum antimicrobial(s) with a specific narrow-spectrum agent:

Continue current antimicrobial therapy with no changes.