



ANTIBIOTIC TIME-OUT **✓ CHECKLIST**

How to use this checklist:

- Review the need for antibiotics on each patient on antibiotics daily. This review allows you to evaluate new information, such as clinical improvement and new culture results, to update your treatment plan. At a minimum, there are two key times to review antibiotic treatment:
 - ✓ 48-72 hours after admission
 - A lot of diagnostic information has likely returned by now and the patient has likely either improved (or deteriorated) on current therapy. It's therefore time to reassess all information
 - ✓ At hospital discharge
 - Patients being discharged are often less sick and recovering, but not completely better. Sometimes they need to continue antibiotics to treat the infection for which they were hospitalized. This is a great time to make sure the rest of their treatment is guidelines appropriate
 - ✓ Other useful times include: any transition of care, change in status, or handoff between providers.

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Do we still think this patient has a bacterial infection or is another diagnosis more likely?

If the patient has a bacterial infection, can we de-escalate?

Can the patient be switched to an oral antibiotic?

How long should the patient receive antibiotics?

Now that you have decided on a final antibiotic, is it prescribed at the right dose?

Have we documented dose, duration and indication for all antibiotics?

- Problems which initially begin as symptoms (e.g., dyspnea) should be updated to diagnoses (e.g., community-acquired pneumonia, acute on chronic systolic heart failure).
- Is the diagnosis still infectious? Bacterial, fungal, viral?
- If the problem is no longer thought to be due to an infection, stop antibiotics.

- If culture results have returned, de-escalate to the narrowest effective antibiotic.
- If culture results are negative, the patient is improving, and the patient was on broad-spectrum antibiotics, de-escalate by removing anti-MRSA and anti-pseudomonal coverage.
 - ❖ This does not need to be done over multiple days but can be done at the same time (e.g., changing vancomycin + zosyn to ceftriaxone)
- If no cultures were obtained, but the patient is improving, consider de-escalation.

- If a patient has a functional GI tract, is tolerating oral intake, and is hemodynamically stable then usually an oral antibiotic is appropriate.
 - ❖ Exceptions include complicated infections (e.g., meningitis, endocarditis, bacteremia)
- A patient on oral antibiotics is often able to be discharged.

- In order to prevent patients from staying on prolonged courses, plan a course early.
- Patients should receive the minimum effective antibiotic duration for their diagnosis.
 - ❖ For example, patients with community-acquired pneumonia who are improving, afebrile, and clinically stable by day 2 or 3 only need 5 *total* days of antibiotics, including any effective IV therapy they receive.

- Make sure you consider the type of infection, route of administration, renal and hepatic function, and interaction(s) with other medications.

- In the discharge summary, you should also include total planned antibiotic duration (Including start and planned stop dates).

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