

HOW CAN I BE AN ANTIMICROBIAL STEWARD IN THE CLINIC?



There are many roles you can have as an antimicrobial steward! While it may vary depending on your area of work, all of us can optimize the use of antimicrobials.

Avoid antibiotics in patients without bacterial infections



According to the CDC, **at least 28% of antibiotics in the outpatient setting are unnecessarily prescribed.** Avoid over-prescribing in the following scenarios:

Respiratory tract infections

- Most upper respiratory tract infections are caused by viruses and do not require antibiotics
- Acute bronchitis is often caused by viruses, and antibiotics are not recommended

Ear and sinus infections

- Consider watchful waiting for patients 6 months - 2 years with mild unilateral acute otitis media or ≥ 2 years with mild acute otitis media (unilateral or bilateral)
- Consider watchful waiting for patients with non-severe acute rhinosinusitis

Asymptomatic bacteriuria

- Bacteriuria or pyuria without symptoms of a UTI does not require treatment, unless the patient is pregnant or undergoing an invasive urologic procedure
- Cloudy or foul smelling urine and altered mental status alone are not symptoms of a UTI

Prescribe the appropriate duration of therapy

Patients are commonly prescribed a prolonged duration of antibiotics for an infection that can be effectively treated with a shorter course. By utilizing an appropriate duration of therapy, we can decrease antimicrobial exposure, thus reducing adverse events and subsequent resistance.



RECOMMENDED DURATIONS FOR COMMON INFECTIONS IN OUTPATIENTS

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Days for acute bacterial sinusitis, community-acquired pneumonia, COPD exacerbations, non-purulent SSTIs, and most uncomplicated UTIs

Longer durations (7-10 days) may be necessary for more complicated infections, such as abscesses, severe acute otitis media, or complicated UTIs/pyelonephritis. Shorter durations (3 days) can be used for uncomplicated UTIs treated with TMP/SMX.

Optimize dosing for efficacy and safety

Consider patient-specific factors such as organ function and site of infection
Consider drug-specific pharmacokinetics
Track and regularly report or self-assess antibiotic prescribing



Clarify allergies



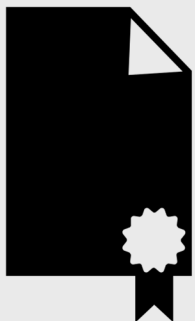
Penicillin allergies are the most commonly reported medication allergy, but few patients have a true IgE-mediated reaction. Collect and document a detailed history of the reaction from the patient and consider skin testing and/or an oral challenge when appropriate. Clarification of allergies, and challenging when necessary, can help facilitate the use of first-line therapy, rather than alternative antibiotics. Alternative antibiotics, such as fluoroquinolones or clindamycin, are associated with a higher risk of adverse events and *C. difficile* infection.

Utilize microbiologic diagnostic testing when appropriate



Ordering appropriate rapid diagnostics and microbiologic cultures can help guide patient management and optimize clinical outcomes.

Conversely, avoiding unnecessary testing can decrease antibiotic use!



Pledge your commitment to antibiotic stewardship

Consider posting a flyer in the waiting room and in patient exam rooms with a statement detailing your commitment to patient safety and reducing antibiotic resistance by avoiding unnecessary antibiotics.

Learn more by clicking the link below:

