

**HANDLE
WITH
CARE!**

Secondary Care Prescriber's Checklist

Antibiotics

– Overuse and incorrect use drives resistance

Do not start antibiotics in the absence of evidence of bacterial infection

START SMART:

- Obtain cultures prior to commencing therapy if appropriate
- Take a history to establish drug-related allergies
- If there is evidence/suspicion of bacterial infection, use local guidelines to initiate prompt effective antibiotic treatment
- Administer antimicrobial therapy within ONE hour of recognition of severe sepsis or septic shock
- Document indication(s), severity, route dose, and duration/review date for antibiotic prescription on prescription chart and in clinical notes
- Where antibiotics have been shown to be effective for surgical prophylaxis, give a single dose within 60 minutes before incision
- Consult infection expert(s) and/or pharmacists if appropriate

THEN FOCUS:

At 48 – 72 hours; **review the patient and make a clinical decision** “the **Antimicrobial Prescribing Decision**” on the need for on-going antibiotic therapy.

Does patient's condition and/or culture result(s) necessitate:

- Stop of antibiotic therapy (if no evidence of infection)
- Switch from intravenous to oral therapy
- Change: de-escalation/substitution/addition of agents
- Continuation of current therapy
- Outpatient Parenteral Antibiotic Therapy (OPAT)

Document Decision
& Next Review Date
or Stop Date

Reference: Antimicrobial Stewardship Toolkit for Secondary Care: *Start Smart – then Focus*

Available at: <https://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus>
SSTF was developed by the Department of Health expert advisory committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) and Public Health England