

Antibiotic use Procedure

1. INTRODUCTION

The purpose of this policy is to outline the Organisation requirements for the prudent use of Antimicrobials to ensure that Antimicrobials are used appropriately so that infections are treated effectively and the spread of Antimicrobial-resistant organisms is minimised.

2. POLICY

Introduction

- 2.1 The development of resistance by microorganisms to antibiotics and the spread of resistant organisms is a public health concern. The Organisation believes that the prudent use of antibiotics in conjunction with other infection control activities can prevent this and therefore prolong the usefulness of antibiotics.
- 2.2 Antibiotic treatment should only be prescribed to patients where they are clinically indicated.
- 2.3 Antibiotic treatment should be reviewed regularly for efficacy.
- 2.4 Broad-spectrum empiric therapy should only be used where the causative organism has not been identified. On identification of the causative organism and its associated sensitivities, treatment should be changed to a narrow spectrum antibiotic

Antibiotic Treatment

- 2.5 Oral antibiotic treatments are preferably to be prescribed for 5 days (but where clinically indicated can be for a maximum of 7 days), and then reviewed. If the prescription has not been reviewed and annotated within this time frame, treatment will be discontinued.
- 2.6 If the antibiotic treatment is to be given long term, the prescription is to be annotated with the expected length of course at the time of writing.
- 2.7 Antibiotic treatments that are reserved for use in a specific clinical situations (e.g. where a patient has an allergy or to overcome resistance) are only to be used in these situations.

Prescribing Antibiotics In Long-Stay Care Facilities

- 2.8 Antimicrobials are only to be prescribed to patients/consumers in long-stay facilities by a medical practitioner where it is clinically indicated.
- 2.9 Narrow spectrum agents should be prescribed in preference to broad-spectrum agents.
- 2.10 Stop dates are to be charted for all Antimicrobial prescriptions (including ear/eye).
- 2.11 Swabs/specimens are to be obtained where possible prior to the commencement of any Antimicrobial agent. This is the responsibility of the prescribing medical practitioner.

Responsibility for Procedure:

Managers

Approving Authority:

Chief Executive

Reference:

Operations

- 2.12 Appropriateness of prescribing the Antimicrobial should be reviewed by the medical practitioner upon receipt of the laboratory results.
- 2.13 Asymptomatic Urinary Tract Infections are not to be treated with antibiotics.
- 2.14 Where antibiotics have been prescribed and there is no discernable improvement in the health of the client this will be reported back to the prescribing Doctor.

Monitoring

- 2.15 Surveillance of Antimicrobial use and prevalence of microorganism resistance to Antimicrobial is to be undertaken as part of the Organisation Infection Control Surveillance Programme.

3. RESPONSIBILITY

- 3.3 Employees are responsible for following this policy.
- 3.3 Managers are responsible for ensuring this policy is followed

4. COMPLIANCE

- 4.2 Any established breach of this policy may constitute serious misconduct and will be dealt with in accordance with the Employer's Policy on Discipline and Dismissal Procedures for Serious Misconduct.

5. REFERENCES

- 5.1 New Zealand Standard - Infection Control (NZS 8142:2000).