Cheatography

Nursing Home Antimicrobial Stewardship Cheat Sheet

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Introduction

At least 25 percent of antibiotic prescriptions in nursing homes do not meet clinical guidelines for prescribing. This use and overuse of antibiotics results in side effects and drug-resistant bacteria. The Communication and Decisionmaking for Four Infections toolkit aims to reduce inappropriate prescribing for the four infections for which antibiotics are most frequently prescribed in nursing homes:

(1) Urinary tract infections (UTIs)

(2) Lower respiratory tract infections

(3) Skin and soft tissue infections

(4) Gastrointestinal infections

Source: https://www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/toolkit2-communications-and-decisionmaking.html

Determine Whether To Treat

Nursing Home Antimicrobial Stewardship Guide

Toolkit 2. Common Suspected Infections: Communication and Decisionmaking for Four Infections

Tool 3. QI Meetings Tip Sheet

Having a Quality Improvement (QI) Team and QI team meetings is important to successfully implement and oversee progress being made

in relation to antibiotic use, infecti on control, and care practices related to communication with medical care providers using the Medical Care Referral Form or MCRF) and residents and their families (using tools from the Toolkit to Educate and Engage Residents and Family Members).

Based on successful models of QI, it is recommended that:

Team meetings be held monthly to review progress.

All individuals responsible for the QI program attend the meetings.

A team leader be identified who is responsible to:

- ☐ Provide an update on progress:
  - how often the MCRF has been used.
  - reviewing changes based on the infection log.
- ☐ Convene the meetings and review information from the last month.
- ☐ Follow-up on matters identified during the meeting.
- ☐ Train or delegate training new staff in the Common Suspected Infections: Tools to Improve Communication and Decision making toolkit.
- ☐ Work with staff to assure that all current residents and families, new residents, and those considering hospice receive information about antibiotics. Sample information tools are provided in the Toolkit to Educate and Engage Residents and Family Members.

Meeting Considerations

- ☐ Who will complete the MCRF
- ☐ When monthly meetings will be held
- ☐ Other

Core Elements of Antibotic Stewardship

Where Systemic Antibiotics Generally Not Indicated

12 Common Nursing Home Situations in Which Systemic Antibiotics are Generally Not Indicated

1. Positive urine culture in an asymptomatic resident.
2. Urine culture ordered solely because of change in urine appearance.
3. Nonspecific symptoms or signs not referable to the urinary tract, such as falls or mental status change (with or without a positive urine culture).
4. Upper respiratory infection (common cold).
5. Bronchitis or asthma in a resident who does not have COPD.
6. “Infiltrate” on chest x-ray in the absence of clinically significant symptoms.
7. Suspected or proven influenza in the absence of a secondary infection (but DO treat influenza with antivirals).
8. Respiratory symptoms in a resident with advanced dementia, on palliative care, or at the end of life.
9. Skin wound without cellulitis, sepsis, or osteomyelitis (regardless of culture result).
10. Small (<5cm) localized abscess without significant surrounding cellulitis (drainage is required of all abscesses).
11. Decubitus ulcer in a resident at the end of life.
12. Acute vomiting and/or diarrhea in the absence of a positive culture for shigella or salmonella, or a positive toxin assay for Clostridium difficile

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