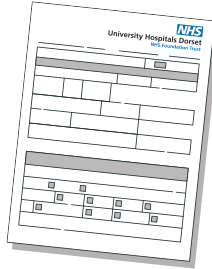


- Clinical condition of the patient is improving.
- Able to tolerate oral medication.
- Clinical infection that is amendable to oral antibiotics.

5 Weekend planning:

- Antimicrobial prescribing is everyone's responsibility to get right.
- Document a weekend plan in the notes.
- Request weekend bloods for inflammatory markers on Friday.
- Place patient on weekend list for SHO review for possible IV to oral switch.
- If antibiotic levels required request for over the weekend and place on weekend list for SHO review and prescribe.
- Ensure drug charts rewritten to ensure antibiotic doses are not missed.



Spread awareness. Stop resistance. 5 top tips



I'm here to help!

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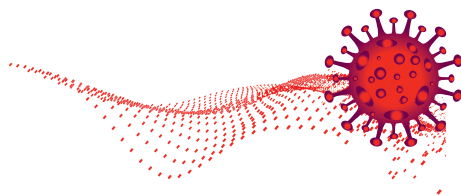
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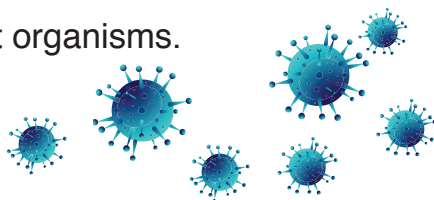
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1 Cultures:



- Sending appropriate samples (pre antibiotic) in a timely manner is in the best interest for your patient. This could prevent unnecessary prescribing of antibiotics, shorten the course duration, prevent the over use of broad spectrum antibiotics, enable more focused narrow spectrum antibiotics to be prescribed. This could also have the potential of reducing the length of hospital stay.
- Looking at both current and past culture results for sensitivity and resistance patterns can help inform the choice of antibiotics and prevent the use of ineffective antibiotics due to resistance.
- Check CPI for previous resistant organisms.

2 Allergies:



- What is the nature of the allergy? Mild (e.g. rash), severe (e.g. anaphylaxis). The importance of knowing the severity of the allergy cannot be underestimated. 'Unknown' is not helpful as this may prevent patients receiving first line antibiotics and directly affect their outcome.
- Try and establish if patients with potential penicillin allergy have previously tolerated cephalosporins as this can broaden the options of antibiotics available.
- Speak to the patient, the patient's family and the GP to identify the exact reaction and document clearly in the notes
- Access the Dorset Care Record (DCR) - this will enable you to view past medication prescribed in the community.

- Remember there is a difference between a true allergy and intolerance.
- Challenge and remove incorrect allergy information.

3 Microguide:



- Download the microguide app to your personal device or access it via the antibiotics and infection policies on the intranet.
- **Treatment guidelines:**
Quick guidance to sepsis and body systems
- **Prescribing advice:**
Information on the principles of antimicrobial use, penicillin allergy guidance, IV to oral switch criteria, course duration guidance and prescribing restrictions
- **Drug monitoring:**
For Vancomycin, Teicoplanin and Gentamicin. Know when and how levels should be taken.
- **Prophylaxis guidelines:**
Advice for specialities pre surgery antibiotics.
- **Latest alerts:**
Updated information on restriction and precautions of antibiotics.

4 Intravenous to oral switch:

- Prolonged IV therapy without clinical justification exposes the patient to the risk of a line infection/bacteraemia and risks of morbidity, prolonged inpatient stay and expenditure.
- Check at 48 - 72 hours if your patient meets the following criteria for IV to oral switch.