



COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

TITLE		POLICY
Antimicrobial Stewardship		DRM-048
MANUAL	EFFECTIVE DATE	REVIEW DATE
Drug Room	10-1-2020	10-1-2020
DEPARTMENT	REFERENCE	
Drug Room	Oklahoma Pharmacy Law Book	

SCOPE

This policy applies to all patients receiving care and treatment at MANGUM REGIONAL MEDICAL CENTER.

PURPOSE

The purpose of this policy is to establish a checklist and protocol(s) for optimizing antimicrobial therapy throughout the medical facility.

DEFINITIONS

Antimicrobial stewardship: a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.

POLICY

The Antimicrobial Stewardship Program at Mangum Regional Medical Center is dedicated to providing optimal antimicrobial therapy (e.g., right drug, right dose, and appropriate duration of therapy) to our patients in order to maximize therapeutic benefit and reduce antimicrobial resistance.

The Antimicrobial Stewardship Program will be led by the following individuals:

1. Physician Leader: Hospital Medical Director
2. Drug Expert: Pharmacist in Charge
3. Hospital Administrator
4. Infection Prevention Nurse/Director of Quality Management
5. Nursing Leader: Chief Nursing Officer
6. Laboratory Manager

PROCEDURE

1. The hospital will review and evaluate the following tools on an annual basis:
 1. Implement antimicrobial practices as recommended by the Centers for Disease Control and Prevention, Infectious Diseases Society of America, and Oklahoma Department of Health (see Attachment A)
 2. Review and approve a hospital antimicrobial formulary (See Attachment B)
 3. Review and complete the Centers for Disease and Prevention Checklist for Core Elements of Hospital Antibiotic Stewardship Programs
 4. Submit antimicrobial surveillance related data to appropriate state and national agencies
2. Opportunities for improvement:
 - a. Develop and utilize hospital order sets for specific disease states (e.g., community acquired pneumonia and hospital-acquired pneumonia)
 - b. Develop a hospital specific antibiogram to assess for local antimicrobial resistant patterns
 - c. Assess for appropriateness of physician prescribing of antimicrobials in the emergency room

REFERENCES

<https://www.cdc.gov/antibiotic-use/core-elements/hospital.html>

ATTACHMENTS

Attachment A: Practices implemented through Pharmacy and Therapeutics (P&T) committee
Attachment B: Antimicrobials (oral) on Hospital Formulary

REVISIONS/UPDATES

Date	Brief Description of Revision/Change

Attachment A: Practices implemented through Pharmacy and Therapeutics (P&T) committee

- Review appropriateness of antimicrobial therapy prescribing, dosing, route of administration, and duration of therapy upon admission to the hospital
- Order labs for antimicrobials that are dosed based on lab values within 72 business hours
- Review appropriateness of antimicrobial dosing regimens based on kidney and liver function
- Review appropriateness of antimicrobial dosing regimens based on CBC w/ differentials
- Utilization of a sepsis protocol
- De-escalation of antimicrobial therapy based on culture/lab results
- Document targeted stop dates for antimicrobial therapy and discontinue antimicrobials in a timely manner
- Utilize antimicrobials on the Pharmacy and Therapeutics approved formulary
- Document duration of antimicrobial therapy and provide discharge prescription(s) for antimicrobial therapy continued post-discharge
- Develop a facility specific antibiogram and assess community-wide antimicrobial resistant patterns on an on-going basis
- Minimize interruptions in continuous IV antimicrobial therapy
- Discontinue the use of antacids (e.g., proton pump inhibitors) when patients do not meet criteria for use
- Document antimicrobial related adverse drug events (including IV administered related adverse drug events) in a timely manner
- Utilize quality improvement template(s) for retrospective review of antimicrobials that require therapeutic drug level monitoring

Attachment B: Antimicrobials on the Hospital Formulary

Antimicrobials intended for oral/gastric administration

Acyclovir 400mg capsules

Amoxicillin 500mg capsules, 200mg/5mL oral suspension

Amoxicillin/Clavulanic acid 500mg/125mg tablets

Azithromycin 250mg tablets, 200mg/5mL oral suspension

Cefadroxil 500mg capsules

Cefdinir 300mg capsules

Ciprofloxacin 500mg tablets

Clindamycin 150mg capsules

Doxycycline 500mg capsules

Fluconazole 150mg tablets

Fosfomycin 3g oral solution

Levofloxacin 500mg tablets

Metronidazole 250mg tablets

Nitrofurantoin 100mg capsules

Oseltamivir 75mg capsules, 6mg/mL oral suspension

Sulfamethoxazole/Trimethoprim 800mg/160mg tablets, 200mg/40mg/5mL oral suspension

Antimicrobial injectables

Ampicillin 1g

Ampicillin/Sulbactam 1.5g, 3g

Azithromycin 500mg

Cefazolin 1g

Cefepime 2g

Cefoxitin 1g

Ceftriaxone 1g

Ciprofloxacin 400mg/200mL premix

Clindamycin 600mg/4mL

Doxycycline 100mg

Gentamicin 80mg/2mL

Levofloxacin 500mg, 750mg

Lincomycin 600mg/2mL

Meropenem 500mg, 1g

Metronidazole 500mg/100mL premix

Piperacillin/Tazobactam 2.25g, 3.375g

Vancomycin 500mg, 1g