Antibiotic Awareness
For Facility Staff

When might antibiotics **NOT** be indicated?

- **Urine:**
  - Urine culture ordered only because of change in urine appearance or smell
  - “Positive” urine culture in asymptomatic resident
- **Respiratory:**
  - Upper respiratory infection (common cold)
  - Bronchitis in resident who does not have COPD or asthma
  - “Infiltrate” on chest x-ray in absence of clinically significant symptoms
  - Suspected or proven influenza in absence of secondary infection
  - Respiratory infections in resident with advanced dementia, on palliative care, or at the end of life **when antibiotics are not consistent with their goals of care**
- **Skin:**
  - Skin wound without cellulitis, sepsis, or osteomyelitis (regardless of culture result)
  - Small (<5 cm) localized abscess without significant surrounding cellulitis
  - Decubitus ulcer in resident at the end of life
- **Other:**
  - Nonspecific symptoms or signs (like “I just don’t feel right.”)
  - Acute vomiting and/or diarrhea in the absence of a positive culture for shigella or salmonella, or positive toxin assay for C. difficile

What to do at time of admission to the facility:

- Assess any recently treated or ongoing infections and take appropriate precautions when necessary
- Obtain information about the resident’s allergy history encompassing:
  - Type of allergic reaction
  - Symptoms
- Perform medication reconciliation and for antibiotics document:
  - Indication
  - Duration
  - Required clinical or laboratory monitoring
  - Who will need to be notified if issues are identified (with contact information)
  - Follow-up plan for infection (if there is one)
What to do when an infection is suspected:

- Perform detailed assessment
- Record all collected information and communicate findings with provider using a standard communication decision tool such as SBAR to communicate safely with the health care provider.
- Perform active monitoring or initiate antibiotic treatment if indicated based on provider orders. When starting antibiotics record:
  - Dose timing and dose schedule
  - History of allergy before administration
- When cultures are ordered, obtain cultures using proper collection techniques and before starting antibiotics.

What to do during management of suspected or confirmed infection:

- Monitor for final culture results and report to provider.
- Update provider on any other laboratory results such as renal function and antibiotic levels in case dose adjustment is required.
- Document periodic assessments and communication with providers including any change in management plan.
- Monitor and report any adverse events to provider.
- Perform a formal time-out at 48-72 hours after starting antibiotic. Report clinical progress, culture and sensitivity report. Make changes in isolation precautions as indicated.

What to do at all other times:

- Question the necessity of a diagnostic test for infection when clinical criteria for testing are not being met.
- Educate the resident and their family.

Additional resources:

https://www.cdc.gov/antibiotic-use/healthcare/pdfs/ANA-CDC-whitepaper.pdf