

**HOSPITAL ANTIBIOTIC MANAGEMENT:
MINIMUM REQUIREMENTS FOR ANTIMICROBIAL PRESCRIBING POLICIES**

Health Boards through Antimicrobial Management Teams (AMTs) are responsible for ensuring that the following standards are met:

1. An Empirical Antimicrobial Prescribing Policy is in place which gives recommendations for empirical treatment of the following common infections taking into account local resistance patterns:

- **Respiratory tract infections** including community acquired pneumonia, healthcare associated pneumonia and infective exacerbations of COPD.
- **Skin and soft tissue infections** including rapidly progressive necrotising infections and those related to drug misuse.
- **Urinary tract infection** including lower UTI and pyelonephritis.
- **Intra-abdominal infection** including gastroenteritis, acute abdomen, sub-acute bacterial peritonitis.
- **Bone and joint infection** including septic arthritis, osteomyelitis and diabetic foot infection.
- **CNS infection** including encephalitis and bacterial meningitis.
- **Sepsis of unknown source** including coverage of commonly occurring community acquired and health care associated organisms and fever in the immunocompromised.
- **Specific healthcare associated infections:** MRSA infections involving skin and soft tissue, pneumonia and bacteraemia, *C.difficile*.

2. The Empirical Antimicrobial Prescribing Policy must include:

- A statement on the importance of prudent prescribing and only using antimicrobials when there are clear signs of infection.
- Restrictions on use of agents known to be associated with *C. difficile* infection, namely cephalosporins, quinolones, clindamycin, co-amoxiclav and clarithromycin where possible.
- Details of assessment of the severity of infections such as community acquired pneumonia (CURB-65) and *C.difficile* infection.
- Limits on duration of therapy for each indication.
- Recommended route of administration.
- Details of IV to oral switch criteria.
- Definition of penicillin or beta-lactam allergy and alternative treatment options for each indication.
- Guidance on safe use of gentamicin and vancomycin including dosage, monitoring requirements and duration of treatment.
- Promote use of microbiological investigations and streamlining of treatment after receipt of microbiological results.
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3. A Surgical Prophylaxis Policy, based on recommendations of SIGN 104, is in place and includes the following key points:

- Avoidance of agents known to be associated with *C. difficile* infection, namely cephalosporins, quinolones, clindamycin and co-amoxiclav.
- Administration within 30 minutes prior to start of procedure/ skin incision.
- Single dose antibiotic unless clear specified indication.
- Discontinuation within 24 hours.

4. A restricted list of antimicrobials requiring Microbiology/Infectious Diseases Team approval is in place:

Suggested antimicrobials to be included on this list are: any newly licensed agents accepted for use by Scottish Medicines Consortium, linezolid, daptomycin, tigecycline, meropenem, imipenem-cilastin, IV antifungals other than fluconazole.

5. A system for regular review of Antimicrobial Policies is in place:

All Antimicrobial Policies should be subject to annual review by the Antimicrobial Management Team.

During review consideration should be given to local and national emerging antimicrobial resistance, consumption data on antimicrobial prescribing, local qualitative data on prescribing (such as point prevalence surveys) and rates of *C. difficile*.

This review should be undertaken in close liaison with the infection prevention and control team and relevant specialties.

6. A system for regular measurement of compliance with Antimicrobial Policies is in place:

This system should as a minimum record regularly compliance with the quality indicators agreed by SAPG.

7. Antimicrobial Prescribing Policies are supported by mandatory training for all medical and where appropriate non-medical prescribers.