

Antibiotic Time Out Checklist



HOW TO USE THIS CHECKLIST:

Review the need for antibiotics on each patient DAILY. This review allows you to evaluate new information, such as clinical improvement and new culture results, to update your treatment plan.

CRITICAL TIMES TO USE THIS CHECKLIST:

48-72 hours after admission, Any transition of care or change in status, Handoff between providers,
At hospital discharge



1. Do we think this patient has a bacterial infection or is another diagnosis more likely?

- Problems which initially begin as symptoms (e.g., dyspnea) should be updated to diagnoses (e.g., community-acquired pneumonia, acute on chronic systolic heart failure)
- Is the diagnosis still infectious? Bacterial, fungal, viral?
- If the problem is no longer thought to be due to a bacterial infection, **STOP ANTIBIOTICS**



2. If the patient has a bacterial infection, can we de-escalate?

- If culture results have returned, de-escalate to the narrowest effective antibiotic
- If culture results are negative, the patient is improving, and the patient was on broad-spectrum antibiotics, de-escalate by removing anti-MRSA and anti-pseudomonal coverage (this can be done at the same time - e.g., changing vancomycin + zosyn to ceftriaxone)
- If no cultures were obtained, but the patient is improving, consider de-escalation



3. Can the patient be switched to an oral antibiotic?

- For uncomplicated infections, if the patient has a functional GI tract, is tolerating oral intake, and is hemodynamically stable, then usually an oral antibiotic is appropriate unless there is antibiotic resistance
- Some complicated infectious may be able to be treated with oral antibiotics - please consult Infectious Diseases
- A patient on oral antibiotics is often able to be discharged



4. How long should the patient receive antibiotics?

- Plan a disease-based appropriate duration as early as possible
- Patients should receive the minimum effective antibiotic duration for their diagnosis
 - For example, patients with community-acquired pneumonia who are improving, afebrile, and clinically stable by day 2 or 3 need 5 *total* days of antibiotics, including inpatient and outpatient/discharge therapy



5. Now that you have decided on a final antibiotic, is it prescribed at the right dose?

- Make sure you consider the type of infection, route of administration, renal and hepatic function, weight, age and interaction(s) with other medications



6. Have we documented dose, duration, and indication for all antibiotics?

- In progress notes/at discharge, you should also include total planned antibiotic duration (including start and planned stop dates) to improve communication with the Primary Care Provider